cremotion

deloy is r prior 2, and 3 to the funeral dir y be retained for your file, and 2 with the registrar p 24 haurs ofter of Pages 1, 2, and Page 5 may be re poges Give PM3. form pencil in Item along with for buriof-tronsit pending in . 0 CTO

iner's Of be used should I writing the word 'ief Medicol Exami R: Poge 3 should Chief A forwarded O FUNERAL DEPUTY 0

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

101 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Allegany o. STATE b. COUNTY Allegany MARYLAND b. CITY OR TOWN Iff outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) Cumber land Yng a 2 Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) H. STREET ADDRESS e. IS RESIDENCE ON A FARM? 506 Pearre Ave. 506 Pearre Ave YES NO 🕝 NAME OF First Middle DATE Month Day Year DECEASED OF DEATH Mary Elizabeth Abernathy Oct. 59 (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours Min. Female White WIDOWED | DIVORCED F July 30, 1895 yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Grocery Store W. Va. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jessie Abernathy Randalls 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 232-01-1370 no Mrs. Ernest Abernathy-Cumberland, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (0) **DUE TO** Coronary Sclerosis Conditions, if any, which gove rise to Immediate cause **DUE TO** (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY ICATION PERFORMED? YES | NO P 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour Not while o. m. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inquiry A and find that Inspection XX Accident . death resulted fram: Natural causes XI. Suicide , Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic. M.D. DEPUTY MEDICAL EXAMINER October 31. 1959 NAME (Type) 22g. RURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Philos MA. 11/2/50 Westernport ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D 8Y REGISTRAR Westernport, Md. DATE

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	STORY OF THE REAL PROPERTY.			
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CERTIFICATE OF DEATH

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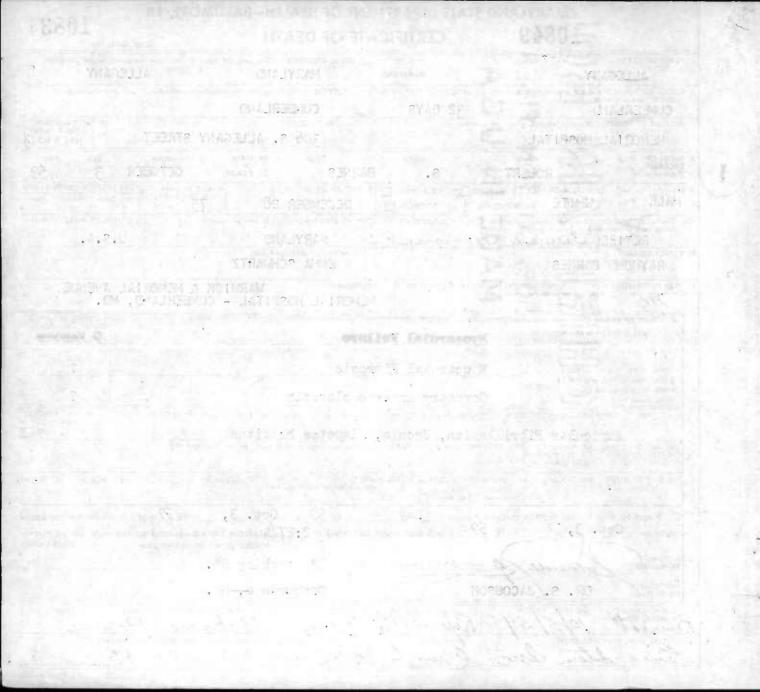
may be retaine whe haspital or attending physician.

5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

TO HOSPITAL OF AT may be retained TO FUNERAL DIRECT VS A15 (4) 15M 9/58

	Keg. Disi	. No.
PLACE OF DEATH O. COUNTY ALLEGANY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE MARYLAND b. COUNTY ALLEG	before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and gi	ve nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS 306 S. ALLEGANY STREET	e. IS RESIDENCE ON A FARM? YES NO
8. NAME OF First Middle DECEASED (Type or print) ROBERT S.	ALLEGANY MARYLAND OF COWN (If outside corporate limits, write and only one country) OF COWN (If outside corporate limits, write and only one country) OF COWN (If outside corporate limits, write and only one country) OF COWN (If outside corporate limits, write and only one country) OF COWN (If outside corporate limits, write and only one country) OF COWN (If outside corporate limits, write and only one country) OF COWN (If outside corporate limits, write and only one country) OF COWN (If outside corporate limits, write and one one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) INDER (IT OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) INDER (IT OF COWN (If outside corporate limits, write and one of the country) OF COWN (If outside corporate limits, write and one of the country) INDER (IT OF TOWN (IT ONE) OF COWN (If outside country) INDER (IT OF TOWN (IT ONE)	3 Year 1959
MALE WHITE WIDOWED DIVORCED	No fle outside corporate limits, write concerns low of encerest lown) AND AND AND AND AND AND AND AN	
RETIRED Insurance Onsurance (MARYLAND U.	
RAYMOND BARNES		
	MEMORIAL HOSPITAL - CUMBERLAND, M	AVENUE D.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial F8	ailure	INTERVAL BETWEEN ONSET AND DEATH 5 Months
Conditions, if ony, which) (b) Myocardial Fi	ibrosis	?
DUE TO	eriosclerosis	?
Auricular Fibrillation, Uremia	a, Diabetes Mellitus	PERFORMED?
Haur o. m. While Nat while	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City ar tawn) (Co	ounty) (State
	ath accurred at 2:27 AM, from the causes and on the ADDRESS (Street, city ar town, state)	
Bresid 10/5/59 Reform C	h. Cem. Perkosie Per	(State)
3. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D'BY REGISTRAR 246. REGISTRAR'S SIGN	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEICATE OF DEATH

10835

	10050	CERTIFIC	ATE OF DEATH	Reg. Dist. No.
PLACE OF DEATH	20000			ased lived. If institution: Residence befare admission)
a. COUNTY	Allegany	MARYLAND	o. STATE Marylar	ad Allegany
b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN 16		rporote limits, write RURAL and give nearest town)
RURAL and give n		l vear	Cumber]	and
	TAL (If nat in haspital, give		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	sylvania Av	enu e	454 ennsylvar	ia Avenue YES NO
NAME OF	First	Middle	East 4. DAT	
(Type or print)	ALBERT	HENRY	BATIE OF DEA	TH October 28, 1959 19
SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI
Male		VIDOWED DIVORCED	November 21, 187	fost birthdoy) Manths Days Hours Min
a. USUAL OCCUPATION	ON (Give kind af wark da		USTRY 11. BIRTHPLACE (State or foreign	0 00
	Machinist	B & O Railroad	Westernerst	Manuland 1164
. FATHER'S NAME	acminist	D ~ O Kallioad	Westernport	Maryland USA
Louis	Dotin			
	Batle ER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	INFORMANT FUT	454 Penn. Avenue
es, no, or unknown)	(If yes, give war or dates of servi	ice)		Cumberland, Maryland
no		1205-09-86701M	rs. Walter Hilleg	ass
		e per line for (g), (b), and (c).]	Cr B	INTERVAL BETWEEN ONSET AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Eston	ary scher	osen Ing
11/201				
4.20.1	DUE TO		51:6	0
Canditions, if a	ny. which)	Les Maria	who week	my reveration Loves
gove rise to i	mmediate	0		()
cause (o), stating				
lying cause lost.	(c)_	N. S.		
PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
TOTAL STORY				PERFORMED? YES \ NO \
200 ACCIDENT W	AS UNDERLYING 1 20	The Descripe HOW INTURY OCCUR	DED (Estes seture of injury in Bost I or	
OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I or	Torrit of fletti 19.5
		mat halling occupants 20.	DIACE OF INITION (Home form 1995 to	
20c. TIME OF INJUI Haur o. m. p. m.		20d, INJURY OCCURRED 20e. While Nat while	PLACE OF INJURY (Home, form, 20f. (Gatory, street, affice bldg., etc.)	City or tawn) (County) (Sta
p. m.	19	ot work ot wark		
21 Leantifu th	nat I attended the d	lacensed from Januar	1952 to clex	19 Shat I last saw the decease
21. I certify if	di i dilelided ille d	eceased Irain.	A .	
alive on		, 19_{-} , and that dea		m the causes and an the date stated above
	00 19	-	/	(Street, city or town, stote) October 311
ACTUAL SIGNATURE	lety !	Acres	M.D. 236 Va Coe	S occoper 311;
PHYSICIAN'S				
NAME (Type)	Clay E. Du	rrett M.D.	236 Virginia	Ave. Cumberland, Md.
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY		CATION (City, town, ar county) (State)
REMOVAL (Specify		1000 D 11:11	CHINA III III III III III III III III III	
		IUNU MACA HILL	(OMOTOWIT	
3. PUNEKAL DIKECIOK	Oct. 31,	1959 Rose Hill		herland, Maryland
	'S SIGNATURE		24a. REC'D BY REC	

TO HOSPITAL OF VS A1S (4) 1SM 9/5B

Comingrature M 134 Featherly almay anne 154 enney vante avery vante 2 TIX ... Uotsber 28, 1959 OF 201 1875 21, 1876 83 Add - bankran . Prognastasw | havelen C - H _ Januards bankran Louis Tour 1 (a) Frank (b) Frank (b) Frank (b) Frank (b) 205-09-3670 firs. Malter Millegase, Comberland, Maryland the said the said of the said DECIDED CLEEN harly to to to large that Comberry E Comborland, thry land donn J. Harer, Comborland, Maryland

FOR STATE HEALTH DEPT. try, please ttor. Poge Pur files. of Health, W

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necrescent the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral distant should be It and ed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit, file pages 1 and 2 with the State Board or its designated agent, prior to beriof, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S C 10851

OF HEALTH—BALTIMORE,	18		4	110	120
ERTIFICATE OF DEATH			1	08	311
	Reg.	Dist.	No.		

	1. PLACE OF DEATH	Cumberland d. STREET ADDRESS 609 Henderson Avenue Middle Lost Month Day Yes NOV NARAMY NARAW N				
b. CITY OF TOWN If some expenses limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OF TOWN If solide corporate limits, write RURAL and give nearest form) Cumberland C. CITY OF TOWN If solide corporate limits, write RURAL and give nearest form) Cumberland C. CITY OF TOWN If solide corporate limits, write RURAL and give nearest form) Cumberland C. CITY OF TOWN If solide corporate limits, write RURAL and give nearest form) C. CITY OF TOWN If solide corporate limits, write RURAL and give nearest form) C. CITY OF TOWN If solide corporate limits, write RURAL and give nearest form) C. CITY OF TOWN If solide corporate limits, write RURAL and give nearest form) C. CITY OF TOWN If solide corporate limits, write RURAL and give nearest form) C. CITY OF TOWN If solide corporate limits, write RURAL and give nearest form) C. CITY OF TOWN If solide corporate limits, write RURAL and give nearest form) C. CITY OF TOWN If solide corporate limits, write RURAL and give nearest form) D. A STRE Many I and STREAM I and STREA	ny					
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			Cumberland	02		
1		e street address)	d. STREET ADDRESS	1		e. IS RESIDENCE
	DOA Memorial Hospital		609 Henders	on Avenue		
	3. NAME OF First DECEASED	Middle	Lost 4.		Doy	
	(Trues as	wis Beall	ky	M. C. A. Mark.	2	19 59
	5. SEX 6. COLOR OR RACE 7. MARRIED 1	IEVER MARRIED [8.	DATE OF BIRTH			-
1	Male White WIDOWED	DIVORCED [Sept 16,1908		Months Doys	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF			foreign country)	12. CITIZEN C	F WHAT COUNTRY
-		R.	Marvland		II.	S.A.
П				ME		
ч	Bernard Beally	STATE OF THE STATE	Anna Vi	4 6 6		
+	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. IN	FORMANT	609 Alder	lergon Az	70
		9-9517 Mr	s. Hilda Beal			
ŀ			- V IIIII WW DOOL	A. Ounder La	INTE	RVAL BETWEEN
1	PART I DEATH WAS CAUSED BY			alan and a sad a		
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1						
	gave rise to immediate cause	oronary sci	erosis		,	HHHHH
1	(d), stating the underlying					
1		FING TO DEATH BUT NO	OT DELATED TO THE TERMINI	LI DISEASE CONDITION GIV	ENI INI PART ICALI	D WAS ALITORY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING TO DEATH BUT INC	OF RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	EN IN PART I(0)	PERFORMED?
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	E PRIMARY OF CONTRIBUTING DESCRIBE HOW II	NJUKY OCCURRED. (En	ter noture of injury in Port I	or Forf II of Hem 18.)		
		OCCURRED 20e. PLACE	E OF INJURY (Home, form,	20f. (City or town)	(County)	(State)
Н	Hour o. m. While N	401 MIIII	ry, street, office bldg., etc.)	THE STREET		
П			e held on Autoney	M Inspection M	Inquiry [r and in my
ч					1 / 1	
	opinion deoth resulted from: Notural couses	Accident [J, Suicide L, Ho	omiciae [], Undere	rminea monn	er [_]
	ACTUAL (3 1 + V6+	-11)	CHIEF MEDICAL EVAL	AUNIER [7]		DATE SIGNED
	SIGNATURE X ENCOUCH SKILL	reco	M.D.			
	EXAMINER'S Renedict Skitarelic	MD			oher 3	959
	REMOVAL (Specify)					
	Ruth E. Silcox Cumberland	Mow-7			Trilling & H	
	regains prichy compartance	d Marylan	nd DATE	0 000	2 /	

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VS. A15ME(5)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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PLACE	OF DEATH NTY Allegany		44.4 10	rand	2. USUAL RESID		(Where deced		If Institu			ore odm	ission)
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Cumb	erland		3 days		Cumbe	ria	na o	d				17.6	
		at in hosp	oital, give street addre	15)				ad				ON	A FARM?
3. NAME DECEAS (Type of	deprended 3 days Cumberland 2 ME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEDITAL MENRY MILLIAM HENRY MILLIAM HENRY MIDOWERS 6. COLOR OR RACE White Widowed B DIVORCED March 4, 1873 MARRIED Store Manager MACCUPATION (Give kind of work done) MIL OCCUPATION (Give kind of work done) MILLIAM Store Manager MACCUPATION (Give kind of work done) MILLIAM Store Manager MACCUPATION (Give kind of work done) MACCUPATION	59											
5. SEX				-		187	3	9. AGE	nday)	1	-		ER 24 HRS. Min.
10a. USUA during n Reti		d. STREET ADDRESS 735 Oldtown Road Continue Contin	COUNTRY										
13. FATHE				2			_		14	onth Poy Year ON A I YES ON A I YEAR IF UNDER ITS OF WHAT CO I YES OF WHAT CO I YE I YES ON A I YES			
15. WAS [(Yes, no, or u	DECEASED EVER IN U. S. ARMED FORCE	ES? 16. S	SOCIAL SECURITY NO.			w.	Burke						hd
no				1119	. 114511	***	Durino			,			
18. CA		per line fo	or (o), (b), and (c).								ONSI	T AND DE	EEN ATH
			CONTUSIO	V OF	BRAIN	.SU	BDURA	L HE	MORI	RHAG	E	3 Da	evs
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gove	rise ta immediate cause	-	LILLI DOWN	1 01		-						0 00	175
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_		IONS CO	NTRIBUTING TO DEAT	H BUT NO	OT RELATED TO T	HE TER	MINALDISEAS	E CONDIT	ION GIV	EN IN PAI	RT 1(o) 1	9. WAS	AUTOPSY
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20g. E PRIMA CAUSE	XTERNAL CAUSE WAS 20b.	DESCRIBE	HOW INJURY OCCU	RRED. (En	ter noture of inju	ry in P	ort I or Port II	of item 1	B.)	14/			
E CAUSE	RY W or CONTRIBUTING LI	Fe	ll Down S	Stan	a at D	0110	hteni	a ha	3300	.Uom	21 %	m 3/	IF Tro
₹ 20c. Ti	IME OF INJURY Month, Day, Year				OF INJURY (He				uso.			3.	(Stote)
\sim	four a.m.	While	Not while	factor	y, street, office b	ldg., e	fc.)		***				
- Individual	30 PP 10/9/59 19	at wor		Но							_		
21. 1	certify that I took charge o	of the re	emains describe	d abov	e, held an /	Autop	osy X, I	nspection	on X	Inqui	ry X	, and	find tha
deat	h resulted from: Natural ca	uses	, Accident 🔣	, Suici	ide 🔲, Ho	micio	de 🔲, U	ndetern	nined c	ause [].		
A Esta	11,0	10	1 - 1										
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220. BURIA	L. CREMATION, 22b. DATE THEREOF		22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCA					(Stot	
Bur	ial 10/18/59		Maplewood	Ceme	terv		Elk	ins,	Wes	t.Vi	reir	ia	
	AL DIRECTOR'S SIGNATURE		ADDRESS	- 5 224		4a. RE	C'D BY REGIS			TRAR'S SI			
John	J. Hafer, Cumbe	mlan	d Manula	nd	N THE STATE OF	DATE	CT 1 6 '5						
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

may be retained TO FUNERAL DIS TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10838

11311				keg. Dist. No.
o. COUNTY Allegany	MARYLAND		deceased lived. If instituted b. COUNTY	ion: Residence before admission) Allegany
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsid		
Frostburg	11fetime Frostburg 22 d. Street Address Sand Spring Popular Middle Lost A. DATE Month Doy Yeor MICHAELS BRODE DEATH 10 24 19 MRRIED NEVER MARRIED 8. DATE BRODE DEATH 10 24 19 MRRIED DIVORCED 2-4-1887 P. AGE (In years 15 UNDER 17 HEAR IF UNDER 22 Med			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Sand Spring	oddress)		g	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle			oth Pou Year
DECEASED (Type or print) CLARA	Sand Spring Contributing to Death But not related to the terminal disease condition given in Part 1(o) 19. Was per line for (o). (b). and (c).] Middle	04 50		
	RIED NEVER MARRIED	8. DATE OF BIRTH	lost birthdoy)	Months Days Hours Min
			72 yrs.	Monnis Doys Hours Min.
Housewife (Frostburg		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Edward Michael	Maria Cara	Margaret	McBride	
	SOCIAL SECURITY NO. 17. I	NFORMANT	Add	less Frostburg, Mi
No None		rs. George Ph	illips, Sa	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (b) DUE TO (c)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town to start the nearest town of the nearest town	3-4 yrs		
CATI		VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO		
Hour o.m. While	Not while fac	HOF STAY IN 16 e time Frostburg d. STREET ADDRESS Sand Spring Middle Lost BRODE DEATH DIVORCED 2-4-1887 P. AGE (In years lif under 1 year) DIVORCED 2-4-1887 DIVINIESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign country) 14. MOTHER'S MAIDEN NAME Margaret Margaret Mars. George Phillips, Sand Spring, Divond (c).] Ming to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS performed by the country of injury in Port 1 or Port II of item 18.) LURRED 20e. PLACE OF INJURY (Home, form, form, form, form, form, form, form, street, office bidg., etc.) 21. M. From the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and that death accurred at 891 M, from the causes and on the date state and the cause and the date and the cause and the cause and the date and the cause and the	(County) (State)	
21. I certify that I attended the decease alive an 10-24, 19. ACTUAL SIGNATURE	(9		and on the date stated above	
PHYSICIAN'S H.C.Diel	4L, M.D.	From	tburg,	md.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY 22d.	LOCATION (City, Igwn,	or county) (Stote)
Burial 10-26-59	Hansel Ceme	terv F	rostburg	Md.
	Tunerai Home	24a, REC'D BY		STRAR'S SIGNATURE Thun S. Krang

4 4 4

	10853	CERTIFICA	ALE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Alles	gany	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Mary land	b. COUNTY	tion: Residence before odmission)
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	le corporote limits, write	RURAL and give nearest town)
Cumberlan	nd	80vrs	Cumberland		
OR INSTITUTION	AL (If not in hospitol, give stre th Street	et oddress)	d. STREET ADDRESS IIO South	Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) (Oliver Fran	Middle klin Brow		DATE Mo OF DEATH IO -	nth 3 - Day Year 19 5.9
5. SEX	6. COLOR OR RACE 7. MA	RRIED TO NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	
M	W WIDO	WED DIVORCED	Oct. 30, I87	0 58 yrs	110013
On. USUAL OCCUPATIO	ON (Give kind of work done 10 ing life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Dye & Clear	ner Clothin	g Troft Vall	ley Pa.	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
James B	rown		Lavina Mcl	Mullen	263
5. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NFORMANT	Ado	dress
No	to lat and a come or service!	None J	ames Wright	IIO South	St
18. CAUSE OF DEA	TH [Enter only one couse per		4		INTERVAL BETWEEN
PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1/100	Esser.		ONSET AND DEATH
4222	DUE TO	1		•	7
Conditions, if a	aw which)	Pharma	: My	careli	7
gove rise to in	mmediate (Coordinate			2 27 2
lying couse lost.					
	J (c)	CONTRIBITING TO DEATH BUT	NOT PELATED TO THE TERMINAL	DISEASE COMPLETION OF	VEN IN PART 1(o) 19. WAS AUTOPSY
TO THE STATE OF TH		S CONTRIBOTING TO BEATH BUT	NOT RECATED TO THE TERMINAL	DISEASE CONDITION GI	PERFORMED?, YES NO
	S UNDERLYING [] 20b. DI CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	l or Port II of item 1B.)	
20c. TIME OF INJUR Hour o. m. p. m.	Whi		ACE OF INJURY (Home, form, 2 ctory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
21. I certify th	at I attended the dece	used from Joff 2	5 1959 to CE	CX, 3, 10 S	that I last saw the deceased
alive on	Cx./, 19		T. 70		and an the date stoted above
		, ond mar deom		RESS (Street, city or town,	
ACTUAL SIGNATURE	Cong?	Decret	M.D. V36Un.	lus Eu	mbuly 19/5/3
PHYSICIAN'S C	lay E. Duri	rett 236 Virg	inia Ave.		
220. BURIAL, CREMATION	N, 226. DATE THEREOF 10-6- 59	22c. NAME OF CEMETERY O Hillcrest B		LOCATION (City, town, Cumberland	
23. FUNERAL DIRECTOR'S		Cumberland, N	240. REC'D BY	REGISTRAR 74b. REG	ISTRAR'S SIGNATURE
James F	. Scarpelli	Cumper rand,	DATE OCT	8 '59 0	Allun & Kraus

funeral director, uld be filed with eath. Page 4 may be retained. The hospital ar otherding physicion.

O FUNERAL DISE (10R: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 pears efter death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO FUNERAL DISE page 3 should be 3 TO HOSPITAL OR VS A15 (4) 1SM 10/57

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To \$100 man a contract of the contract				

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0902 CERTIFICATE OF DEATH

10840

	10902	<u> </u>			Reg. Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (WI		tion: Residence before admission)
0. 000111	ALLEGANY	MARYLAND	MARYL	AND b. COUNTY	ALLEGANY
b. CITY OR TOWN	(If outside corporate limits, write secrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, write	RURAL and give nearest town)
WESTERN			43WESTERN	PORT	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	420 MARYLAN	or firm	420 NU	ARYLAND AVE.	YES NO NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mo	onth Day Year
(Type or print)	LEONORA	L.	BURNS	DEATH OCTOR	BER 26, 1959
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	
FEMALE	WHITE WIDOW	ED DIVORCED	JULY 25,190	05 54 yrs	
100. USUAL OCCUPATI	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
CHIEF OPE	RATOR C	& P TEL. CO	PIEDMON'	r. W.VA.	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
WI	LLIAM F. BURN	IS	ELIZABE:	TH STUDD	
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Ade	dress
NO		3-10-1139 M	RS. FRANCIS	HANNON, WES	TERNPORT. MD.
18. CAUSE OF DE	ATH [Enter only one couse per li				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	a cenemato.	265		ONSET AND DEATH
163		A.	.04		
Conditions, if	ony, which) (b)	Carcinon	a of pu	ng	
gove rise to couse (o), stoting	immediate (()	0	
lying couse lost.			<u> </u>		
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of item 18.)	
	MEDICAL EXAMINER)				
20c. TIME OF INJUI		i.	ACE OF INJURY (Home, farm ctory, street, office bldg., etc		(County) (State)
Hour o.m.	19 While of wor	IADI MIIIE	ciory, sileer, office blug., etc	.1	
21. I certify t	not I attended the decease	sed from	her to	10 weeks 19	,that I last sow the deceased
alive on	10/25 19	/1	occurred of 55	AM from the courses	and on the date stoted above
/	2 101	7		ADDRESS (Street, city or town,	
ACTUAL SIGNATURE	Yard Itel	-le/	M.D		OCT.265
		1			
PHYSICIAN'S NAME (Type)	PAUL T. HEALY	M.D.	MAIN ST	L KEYSER V	L.VA.
	ON, 27b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town,	
BURTAL	OCT.29/59	ST. PETERS	CEMETERY	WESTERNPOR	
23. FUNERAL DIRECTOR		ADDRESS			ISTRAR'S SIGNATURE
1111111	2001200 L-P	TEDMONT W VA	DATE O	CT 2 7 '59	3 -1 2 1-

may be retained by the haspital or attending physician.

2 FUNERAL IN CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be falled with the registrar prior to burial, crematian, or remayal, and in any event within 12-hours ofter death. dier death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR TO FUNERAL E VS A15 (4) 15M 9/5S

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The State of the S	in (1.634)	o studio di Lead M	NORTH (FAI)	10 17 12 X
THE AND CHARLES AND AND COME		A A		Thou souther the st

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eath. Poge 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR

VS A1S (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10841

	USIL	CERTI	IIOAI	L OI DEAT			Reg. Dist. No	
1. PLACE OF DEATH O. COUNTY Allegany		MARY		USUAL RESIDENCE (Wo. STATE Maryl		l lived. If institution b. COUNTY	n: Residence befo Allegan	ore admission)
b. CITY OR TOWN (If outside corpor RURAL and give neorest town) Midlothian	ote limits, write	life time		c. CITY OR TOWN (IF		rote limits, write RU	RAL ond give ne	arest town)
d. NAME OF HOSPITAL (If not in hose OR INSTITUTION	pital, give stree			d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARGAF	First	Middle	C:	ECIL,	4. DATE OF DEATH	Month 10	28	
S. SEX F 6. COLOR OR W	WIDOV	RRIED NEVER MARRIE	2	-25-1879		lose birthday)	Months Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind o during most of working life, even if HOUSEWITE	retired)	o. KIND OF BUSINESS O	R INDUSTRY	Mineral				F WHAT COUNTR
13 FATHER'S NAME		1111 210110	1	4. MOTHER'S MAIDEN		3 3 110 1 21		
Frank T. Smith	1			Rebecca	Leath	erman		
TS. WAS DECEASED EVER IN U. S. ARMI [Yes, no. or unknown] (If yes, give wor or not	ED FORCES? 16	s. social security no.				Addre dlothia		
Conditions, if ony, which gove rise to immediate couse (o), stating the <u>under-lying cause lost.</u>	DUE TO (c)	mjoca	uch vid	alms Selo	los	ciens	ON	FRYAL BETWEEN SET AND DEATH
CATI		SCRIBE HOW INJURY OF					N IN PART I(0)	PERFORMED? YES NO
20c. TIME OF INJURY Month, Do	y, Year 20d. While	INJURY OCCURRED	20e. PLACE	OF INJURY (Home, farm, street, office bldg., etc	n, 20f. (City		(County)	(State)
21. I certify that I entende olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	jui iii	sed from Os	deoth oc	3, 1959 to Cocurred of 7		the couses or reet, city or nown, st	nd an the da	aw the deceose te stoted above DATE SIGNI
220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) Burial 10-30		22c. NAME OF CEME	2.5	morial Pa	_	ION (City, town, or		(Stope)
23. FUNERAL DIRECTOR'S SIGNATURE	Hafer 23 E.		lome	24a. REC	D BY REGISTI	RAR 24b. REGIST	Thun S. Kra	

ST SECTION AND THE PROPERTY OF A PROPERTY OF MYABO TO STADISHOOD the state of the s 06

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		100	003	CERTIFIC	AT	E OF DEA	ATH	1		Reg. D		005	ŁZ
	PLACE OF DEATH o. COUNTY	ALLEGANY	00	MARYLAND		USUAL RESIDENCE	E (Wh	ere deceosed	d lived. If institution b. COUNTY		nce befo		ion)
	b. CITY OR TOWN (IF RURAL and give nea FROSTE	rest town)	ts, write	c. LENGTH OF STAY IN 16	2	c. CITY OR TOWN			rote limits, write RI	JRAL and	give nec	arest town	1)
	d. NAME OF HOSPITAL OR INSTITUTION MINERS			address)		d. STREET ADDRE		. PL	EASANT	ST.		_	FARM?
	NAME OF DECEASED (Type or print)	ROBERT	st	Middle E •		CONNOR		4. DATE OF DEATH	OCT		7		Yeor 19 59
	MALE	WHITE	WIDOW		JI	ULY 22,		387	9. AGE (In years lost birthday) yrs.	Months	Days	Hours	Min.
B.	ipe Fitte	N (Give kind of work on his life, even if refired PS Helpe	r CE	LANESE CORP		OHI	0		ountry)	12. CI1	U.S	· A ·	OUNTRY
3.	JOHN	CONNOR							EWING				
	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of si	Innium	SOCIAL SECURITY NO. 14-01-3730		RMANT AROLD CO	INC	NOR,	FROSTBU		MD.	1	
	PART I. DEAT	H WAS CAUSED BY:	1	for (a), (b), and (c).]	Fa	ilure -	6	Chron	ice hryre.	orlis		RVAL BE SET AND	
	Conditions, if on gave rise to im cause (a), stating the lying cause lost.	mediate Dus To		Emplrys our	w				0		10	y	23.2
CATION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU		TRELATED TO THE	rermi	VAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED?
L CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUR	ED. (E	inter noture of injur	ry in F	art I or Por	t II of item 1B.)	5			
MEDICA	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	20d. It While of wor	Norwhile		OF INJURY (Home, , street, office bldg			or town)		(County)		(State
	21. I certify the alive an OC	at I attended the	deceas , 193		h ac	, 19 <i>56</i> , to curred at 812	01.		treet, city or town,	d an th		stated	
	PHYSICIAN'S NAME (Type)	MARTIN	ROTH	STEIN M I			1	ROST	BITEG M	D.			

may be retaine

TO FUNERAL DIRECT

page 3 shauld be of the registror prior the

VS A1S (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE J. R. DURST.

DATE THEREOF

220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

ADDRESS FROSTBURG, MD.

22c. NAME OF CEMETERY OR CREMATORY

24a. REC'D BY REGISTRAR DATE OCT 1 3 '59

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

Orthur Sottima

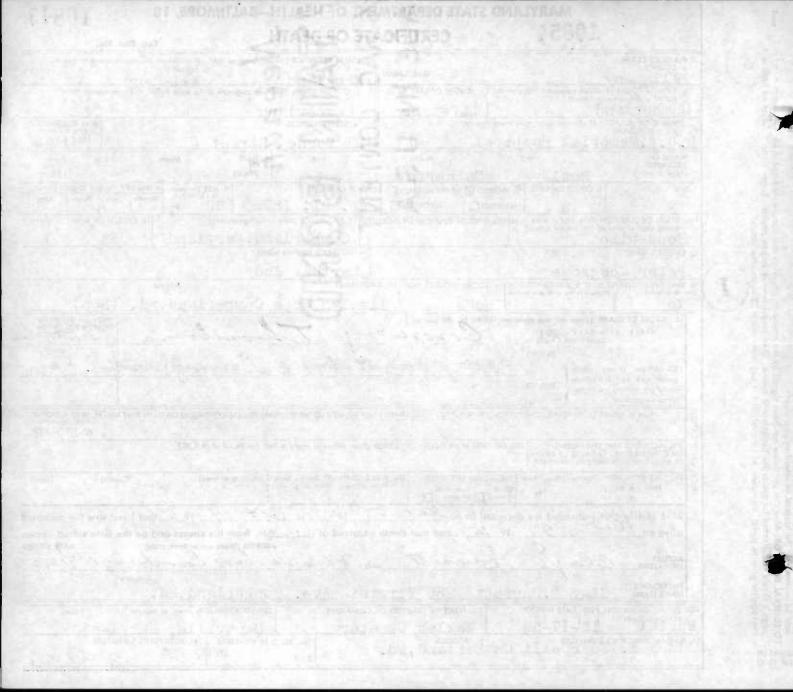
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	. 18	10843
10054		TOOXO
10854 CERTIFICATE OF DEATH	Reg. Dist. No.	

		Items 3	8 6	Film G25	IFIC	0/22/59	EAIR	V IC		Reg. Dis	. No.		
1. PLACE OF I	peath			MAR	YLAND	2. USUAL RESI		ere decease	b. COUNTY		e before o	dmissian)
b. CITY OR	TOWN (If o	utside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b			outside corpo	prote limits, write f	RUKAL and g	ve nearest	tawn)	
	rland			Lifetim	10	-0-	erla						
d. NAME C		(If not in hospital, s	give street			d. STREET A					e. IS	RESIDE	NCE
	Memo	rial Hos	spit	al		2I Bo	one	Stre	et			S N A FA	
3. NAME OF DECEASED		Fi	rst	Middl	e	Los	Ŷ	4. DATE OF	Mor	nth	Doy	Yeo	r
(Type or pri		Resley		Catherin		Cope	K,	DEATH	Oct.	15		19	59
5. SEX		. COLOR OR RACE	7. MAR	RIED TO NEVER MARR	HED 🗌	8. DATE OF BIRT	H		9. AGE (In years lost birthday)	Months I			
F		W	WIDOW	VED DIVORC	ED 🔲	Feb. 21	, I8	379	80 yrs.	Monins	Days Ho	ours	Min.
during mo	ost of working	(Give kind of work life, even if retired	done 10b	. KIND OF BUSINESS	OR INDU						ZEN OF W	'HAT CO	UNTRY
HOUS (ewife							_	aryland	U	SA		
						14. MOTHER'S		IAME					
		grove	1			Marth	na J	udy					
IYes, no, or unkno		N U. S. ARMED FOR		. SOCIAL SECURITY N	0. 17. 1	NFORMANT			Add	lress			
No				None		Aewlyn	Cope	Cum	berland	,Md.	(Son		
			ouse per l	ine for (a), (b), and (c)).]		-	0	D		INTERVA ONSET	A NO DE	EEN
PA	RT 1. DEATH	WAS CAUSED BY:)	Coror	ra	ery	11	wo	mbos	ري	de	est	7 -
42	0.1	DUE TO				t.	100					11,912	
Conditie	ans, if any,	which)	,	myor	an	itale	n'i	200	rough	enra	The same	-/	41
gove ri	ise ta imn	rediote (0			-	
lying co), stoting the use lost.	under-									1000		
N PA	NT II. OTHER			CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION GIV	VEN IN PART	1(o) 19. V	VAS AUT	OPSY ED2
3												S N	
ZOO. ACCI OR CONTI (IF EITHER	DENT WAS I RIBUTING NOTIFY ME	UNDERLYING CAUSE OF DEATH DICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRE	D. (Enter noture a	f injury in I	Port I or Pa	rt II of item 1B.)				
S 20c. TIME	OF INJURY	Month, Day, Ye	or 20d.	INJURY OCCURRED	20e. PL	ACE OF INJURY	Home, form	, 20f. (Cit	y or town)	(Ce	ounty)		(Stote)
20c. TIME (p. m.	19	While of wo		fo	ctory, street, office	bldg., etc.	.)	Carrie Land				
				102	×		, /	22-1	111	1			
	100	I attended the	decea	- /	Z	, 19=_/	, to	ue 7.	14, 195				
alive ar	1	1-1-2-1	, 19_	Z, and tha	t death	accurred at			m the causes o		e date s	tated	above
ACTUAL		08		5	1	wn	, ,;	ADDRESS (S	itreet, city or town,	state)	0 0	DATE	SIGNE
SIGNATUR	RE_C	Kony/	0	Jurey		M.D. 5	6 V6	1. CC	No Care	nous	and	1/6	5/5
PHYSICIAI NAME (Ty	N's C	lay E.Di	ırre	tt 236 '	Vira	inia Av	re. C	umbe	rland,M	d.	1		
22o. BURIAL, C	REMATION.	22b. DATE THEREC		22c. NAME OF CEA					TION (City, town,			(Stote)	
Burla	(Specify)	10-17-59	7	Waxler				-		20	2 -	(2101e)	
23r FUNERAL D			No.	ADDRESS			24n PFC	Dan D BY REGIS		Mary STRAR'S SIG			
		carpell:	i. Cu	mberland	, Md.	2 100		D DI KLOIS	OCT 2 0 '5			0	
						71	DATE		200		(7. Thus	8 9	Land



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10015 CERTIFICATE OF DEATH 10844

	10	213	CERTIF	ICAII	E OF DEA	AIL			Reg. Di	ist. No.		
1. PLACE OF DEATH o. COUNTY	Allegany		MARYLA		USUAL RESIDENCE g. STATE Mary		leceased live	d. If institut b. COUNTY		nce before		ion)
b. CITY OR TOWN (IF		s, write c	. LENGTH OF STAY IN	N 16	c. CITY OR TOWN		e corporote	imits, write I			_)
RURAL ond give neo				X				E 144				
d. NAME OF HOSPITA	umberland L (If not in hospital, gi	ive street ad	years dress)	1	d. STREET ADDRE		ar ou	mberl	anu	e	. IS RES	IDENCE FARM?
Route 4. Bo	x #72 01d	town	Road	Ro	ute 4.	Box #	72 01	dtown	Road			NO [
NAME OF DECEASED (Type or print)	Fire		Middle	CB/	Last	4. [DATE	Ma tober	nth	Day		rear 1959
SEX	6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED	- N - N - N - N - N - N - N - N - N - N	ATE OF BIRTH	135-1	9. A	GE (In years	IF UNDER	1 YEAR	-	
Male	White	WIDOWED			many 1	1994	lo	75 yrs.	Manths	Days	Haurs	Min.
a. USUAL OCCUPATION	Y (Give kind of wark d	ane 10b. KII	ND OF BUSINESS OR		11. BIRTHPLACE (State or for	reign cauntr	10		IZEN OF	WHATC	OUNTR
	ng life, even if retired)		0 11-13	3	07.34	. Mo		a	170) A		
Let. Yardma	in	11364	O Railroa		Oldtow			101	UE	ZA		
		rabtr			Lydia	Morel	and		-	1100	-03-	-
WAS DECEASED EVER			CIAL SECURITY NO.	INFO	TAM		l b	t. 4d	res50X	#12	Old	tov
is, no, or unknown) (If	yes, give war or dates of se	rvice)		Mrs.	Bertha	Crab	tree	Road,	Cumb	erla	and,	Mo
Tio CAUCE OF DEAT	as fe .		(() ()) () ()							LINITE	20 1410	T14/FF1
	H [Enter anly one con	use per line	for (0), (b), and (c).	1 10			1				RVAL 8E	
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)			46	666 3	366	6			(e 20	16
1422.2	DUE TO											
		073	twoca	rel.	tes.	- 1	Dex	47-7-				
Conditions, if on		-	1			- CZ						
cause (a), stoting th			0							-	>	
lying couse last.	(c)			12	Las	or	-t-			-	>~	1
	R SIGNIFICANT CON	DITIONS COI	NTRIBUTING TO DEAF	BUT NO	RELATED TO THE	TERMINALI	DISEASE CO	NDITION GI	VEN IN PAI	RT 1(o) 19	PERFO	RMED?
20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY OCC	CURRED. (E	nter noture of inju	ry in Part I	or Port II o	Fitem 18.)				
20c. TIME OF INJURY Hour o. m.	Manth, Day, Yea	r 20d. INJU	JRY OCCURRED 2		OF INJURY (Home		of. (City or to	own)	-	(County)		(Sta
Hour o.m.	19	While	Not while	factory	street, affice bldg]., etc.)						
p. m.		at wark [at wark			40						
21. I certify the	it I attended the	deceased	fram Class	ne	195 to	Ce	4 4	1955	that I lo	ast saw	the d	eceas
alive an	1.4	. 19 5			curred at 55	e Pu	£	/				
unve un		-, 17_===	, and mur d	ieum oc	corred diesits					e dare		
ACTUAL	. 0 %	1 2	was the		/	1 .	-	city or town	, store)	0 0	16	E SIGN
SIGNATURE C	Mary	00		M.D.	236	64 26	002 6	reson	Level	- Land	/	(6)
									<	2		
PHYSICIAN'S C	lay E. Dur	rett	M.D.		2 3 6 Vi	rgini	ia Ave	. Cum	berla	and,	Mar	yla
	1 OOL DAYS THEES					Tan	LOCATION					
PREMOVAL (Specify)			Millcrest					(City, town,			(State	e)
Burial	Oct 7, 1	.939		Bur.								1
. FUNERAL DIRECTOR'S		.1	ADDRESS Manual and		240.	REC'D BY	REGISTRAR	24b. REG	ISTRAR'S SI	IGNATUR	E	
ohn J. Haf	er, Cumber	rland,	marylano		DAT	TOO B	8 '59	a	ritury &	Huma	A	

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AND STR SAN	And Republicant	Lifted Section	0012-03	an dimant	
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FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is any please execute the contract, withing the ward "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral of two. Page 4 should be fit and 3 to the funeral of two. Page 4 should be fit and 3 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10855

Reg. Dist. No. 10845

1. PLACE OF DEATH	1				Where deceased lived. If institution: R	
	Legany		MARYLAND	o. STATE Mary.	land b. COUNTY A1	Legany
b. CITY OR TOWN ((If outside carporate limits, write in)	RURAL	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	ond give neorest town)
Cumber	land		25 years	02 Cumber	rland	
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hospita	ol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
505 De	catur Stre	eet		505 De	ecatur Street	YES NO THE
3. NAME OF DECEASED (Type or print)	PAUI		Middle	DEAN	4. DATE Month Oct. 17.	Day Yeor
5. SEX	6. COLOR OR RACE		NEVER MARRIED	- Paris - Pari	9. AGE (In years IF UN	DER TYEAR IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED	Nov. 5.190	lost birthday) Month	hs Days Hours Min.
100. USUAL OCCUPAT	ION (Give kind of work	done 10b. KIN	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Office	ing life, even if retired) Worker	Cela	nese Corp.	Frostbu	urg, Md.	USA
13. FATHER'S NAME			-	14. MOTHER'S MAIDEN		
John	n Dean			Rose Bar	rtolon	
	VER IN U. S. ARMED FO		CIAL SECURITY NO. 17.	INFORMANT	Address	
NO NO	[If yes, give war or dates of	217	10 4210	Mrs. Paulin	ne Beck Cumber	land, Md.
18. CAUSE OF DE	ATH [Enter only one cou	se per line for	(o), (b), ond (c).]			INTERVAL SETWEEN ONSET AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	COF	RONARY OCCI	LUSION		SUDDEN
420.1	DUE TO					DODDELIN
Conditions, if			CORONARY S	CLEBOSTS		10 10 10 10 10 10 10 10 10 10 10 10 10 1
gove rise to imm	ediate cause		O CATOLITIE E	OLIERIODID		
(a), stating the	Underlying					and the second
	(c) THER SIGNIFICANT CON		RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	SINAL DISEASE CONDITION GIVEN IN	PART I(a) 19: WAS ALITOPSY
УПО						PERFORMED?
PART II, OT	ONTRIBUTING L.	b. DESCRIBE H	OW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Port II of item 18.)	X
20c. TIME OF INJU		While	Not while of work	ACE OF INJURY (Home, for clory, street, office bldg., etc.	m, 20f. (City or town)	(County) (Stote)
21. I certify I	that I took charge	of the ren	moins described ob	ove, held on Autop	sy , Inspection , Inc	uiry , and in my
opinion death	resulted from: 1	Votural cou	ses V. Accident	, Suicide ,	Homicide, Undetermine	AL
	- '	0				
ACTUAL /	Rounden	1-XL	trul()	CHIEF MEDICAL E	XAMINER [7]	DATE SIGNED
SIGNATURE	suedie	1-00	narece	M.D. ASSISTANT MEDIC		
EXAMINER'S				DEBUTY MEDICAL	EVALUATION CO.	
NAME (Type)	BENEDICT ON, 226. DATE THEREO	SKITA	RELIC M.I		Z OCTUBEL	
REMOYAL (Specify	v)		C. NAME OF CEMETERY O		22d. LOCATION (City, town, or coun	
Burial		1959 8	St. Michael			
23. FUNERAL DIRECTO	r Kight	Climb	7 7 7		OCT 2 0 '59	
DALOI	1 VTRIIO	C CTITID 6	erland, Md	DATE	00 20 39	Customes & #

CODES MIDICAL EXAMINER'S CERDEIGA IS OF DEATH . I i the state of the state of the state of the state of the Date of the contract of the co Byr co light - Chaptilles Me.

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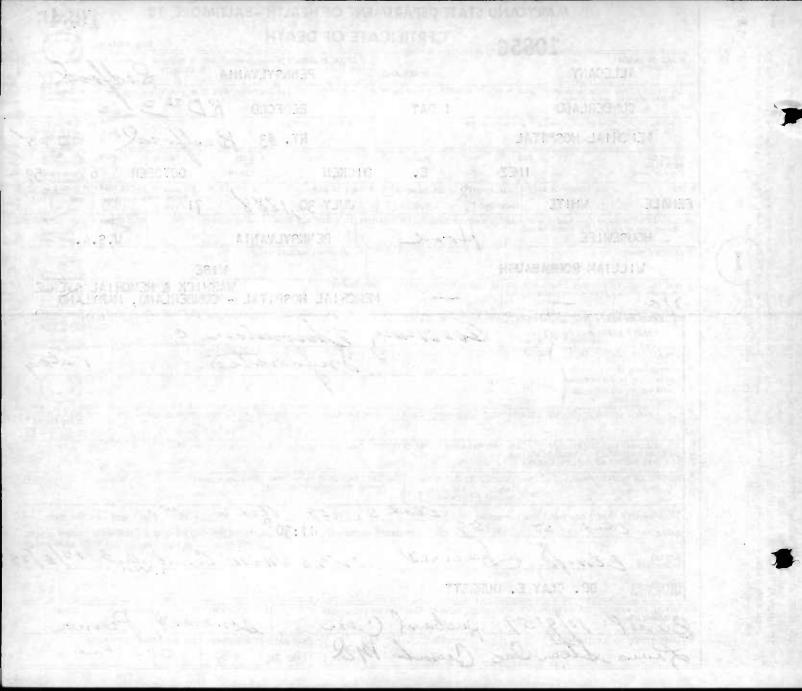
ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE	13
AKILAND	JIMIL	DEI AKTIMETTI	OI	HEALITH.	-DALIIMORL,	-

M

10846 CEDTICICATE OF DEATH

	0256	CERTIFIC	ATE OF DEA	III	Reg. Dist	t. No.
1. PLACE OF DEATH a. COUNTY ALLEGANY		MARYLAND	~ CTATE	(Where deceased lived.	If institution: Residence. COUNTY	e before admission)
b. CITY OR TOWN (If autside carpor RURAL and give nearest tawn) CUMBER LAND	ate limits, write	c. LENGTH OF STAY IN 18		(If autside corporate lim	its, write RURAL and of	Ve nearest town)
d. NAME OF HOSPITAL (If not in hos	pital, give street o	oddress)	d. STREET ADDRESS		Morel	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First I NE Z	Middle E •	DICKEN	4. DATE OF DEATH	Month OCTOBER	Day Year 6 19 59
S. SEX FEMALE 6. COLOR OR WHITE		D DIVORCED	JULY 30	1888 9. AGI	L 41 1 1	YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if HOUSEW I FE	f work done 10b. I retired)	Hone		tote ar foreign cauntry)		S.A.
13. FATHER'S NAME WILLIAM ROHR	ABAUGH		14. MOTHER'S MAIDE	EN NAME WISE		
15. WAS DECEASED EVER IN U. S. ARM (Yes, no, or unknown) (If yes, give wor or or		SOCIAL SECURITY NO.	MEMORIAL HOS	SPITAL - CUI	ICK AND MEMOR	IAL AVENUE IARYLAND
Conditions, if ony, which gove rise to immediate couse (a), stating the <u>underlying couse last.</u>	ED BY: (USE (a) (c) (b) (c) IT CONDITIONS CO	ONTRIBUTING TO DEATH B				INTERVAL BETWEEN ONSET AND DEATH 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 20c. TIME OF INJURY Manih, Do Hour o.m. p. m.	DEATH INER)	JURY OCCURRED 20e. Nat while	RED. (Enter noture of injury PLACE OF INJURY (Hame, foctory, street, affice bldg.,	farm, 20f. (City or tow		aunty) (State)
21. I certify that I attende alive an	S. S	1-	51, 1957, ta ith accurred at 11:3	DAX 6 BO_M, from the condition of the c	auses and an the	at saw the deceased date stated above. DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE	THEREOF	Lesband	OR CREMATORY	22d. LOCATION (C	City, town, or county	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	i Inc	ADDRESS Curab.	MD PATE	OCT 9'59	24b. REGISTRAR'S SIG	HATURE Hanes

TO HOSPITAL OF VS A15 (4) 1SM 9/S8



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 * OCMEDICAL EXAMINER'S CERTIFICATE OF DEATH

10847

10004			Reg. Di	it. No.
1, PLACE OF DEATH o. COUNTY		SIDENCE (Where deceased liv	red. If institution: Resider	nce before admission)
Allegany	MARYLAND O. STATE	Maryland	b. COUNTY Alle	gany
b. CITY OR TOWN Its outside corporate limits, write RURAL ond give nearest town)	H OF STAY IN 16 c. CITY O	R TOWN (If outside corporate		
Cumberland,	X B	arrellsville	e, Rt. # 1	Mt. Savag
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give st				o. IS RESIDENCE ON A FARMS.
D. O. A. Sacred Heart Hos	p. Al	ong State R	t. # 47	YES NO
3. NAME OF First DECEASED (Type or print) CT.YT)E	Middle Lor	OF	Month October 3	Doy Year 0 19 5 9
5. SEX Male 6. COLOR OR RACE 7. MARRIED X NEVI	ER MARRIED 8. DATE OF BIRT	U 9 A	GE IIn years IFUNDER T	
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU			r) 12. CITIZ	EN OF WHAT COUNTRY?
	uction Lit	tle Orleans	, Md. U.	. S. A.
13. FATHER'S NAME		MAIDEN NAME		
Henry D. Diehl	P	earl E. Twi	gg	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC [Yes. no. or unknown] Iff yes. give war or dates of service) 217-07	7-6736 Mrs. An	na. L. Dieh	Address 1 Rt. # 1	Mt. Savage
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b),	ond (c).]			INTERVAL RETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COT	onary Occlusion			sudden
4 40.1 DUE TO				
Conditions, if ony, which) (b) Co	ronary Sclerosis	3		
gove rise to immediate cause (10), stating the underlying DUETO				
couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINALDISEASE CON	NOITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
5 Chronic Asthma				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic Asthma 20b. Describe How Inju. RIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	JRY OCCURRED. (Enter nature of in	njury in Part I or Port II of ite	m 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCC White Not of work of werk	while factory, street, office	Home, form, 20f. (City or to	wn) (Cour	(Stote)
21. I certify that I taak charge of the remoins of	lescribed abave, held an	Autapsy , Inspe	ctian XX, Inquiry	and in my
opinian death resulted fram: Natural causes XX	, Accident , Suicid	e [], Homicide [],	Undetermined m	anner 🗍
2 11/2/2	- 111			
SIGNATURE DENEMICE SKITA	relie M.D. CHIEF A	MEDICAL EXAMINER		DATE SIGNED
ENAMINIPARA	ASSISTA	NT MEDICAL EXAMINER		
NAME (Type) Benedict Skitarelic,	M.D. DEPUTY	MEDICAL EXAMINER	October 30	. 1959
REMOVAL (Specify)	of CEMETERY OR CREMATORY Memorial Cen		(City, town, or county) erland, Ma	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRE		240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGN	
H. Wayne George Cumberla	nd, Md.	PATE)V 2 '59	0 -1 0 1	
		EC 7 AM	1 artius 8 fr	44

MEASONO STADISTRICE CERTIFICATE OF DEATH A THE PARTY OF SHEET WAS A STREET OF SHEET OF SH

		MAKT	LAND	STATE DEPA	AKIM	ENI OF	TEALIH	-BAL	IIMOKE, I	8	40	010
		108	58	CERT	IFIC/	ATE OF	DEATH			Reg. Dis		848
	PLACE OF DEATH O. COUNTY Alleg	any		MAR	YLAND	2. USUAL RES	Mary		b. COUNTY	on: Residence		nission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Cumberland			c. LENGTH OF STAY	ays	c. CITY OR	Town (If our Cumbe	2000	rote limits, write R	URAL and g	ive nearest to	own)	
	d. NAME OF HOSPITA OR INSTITUTION	ored Heart	11232	address)		d. STREET		Pine	Ave		10	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Fi Jo	hn	Middle R	ė	Dors	ıst	4. DATE OF DEATH	Man 1	0	Day 18	Yeor 1959
5.	Male	6. COLOR OR RACE	7. MARE	NEVER MARR		B. DATE OF BIR			9. AGE (In years last birthday) 55 yrs.		Days Hou	NDER 24 HRS.
13. 15. (Ye	Butcher FATHER'S NAME John Wesl WAS DECEASED EVER	ey Dorsey	Ow RCES? 16.	n Restaur. SOCIAL SECURITY NO. 2-12-8511	ant_	14. MOTHER Anne	S MAIDEN NA	d	Cumberla	ind	U.S.	A.
CATION	PART I. DEAT Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	mediote Dus To		ialiete	- C	Helli Jaceg NOT RELATED I	lies veel o the termin	1 re	ACONDITION GIVE	ZEM IN PART	3 (a) 19. WA	BETWEEN ND DEATH DEED STATES OF THE STATES
MEDICAL CERTIFI	20a. ACCIDENT WA'OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY (NJURY OCCURRED Not while k ot work	20e. PL	D. (Enter nature ACE OF INJURY ctory, street, offi	(Hame, farm,		t II of item 18.}	(C	ounty)	(Stote)
	21 1			10	1-	10/ 10 5	1. 1	1 -	1X 1057			

and that death accurred

M, fram the causes and an

ACTUAL PHYSICIAN'S NAME (Type)

(Stote)

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b

OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Cumberland, Maryland
BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

VS A1S (4) 1SM 9/SB

TO HOSPITAL OF

the funeral directar, should be filed with

the attending physician and campletely filled in by Then please remave carban papers. Pages 1 and 2 death

the registrar priar ta burial, crematian, ar remaval, and in any event within 72 hause

may be retained the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit.

death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

John J. Hafer, Cumberland, Maryland

PATE THEREOF

DATE OCT 2 6 '59

arthur S. Kraus

RESOL But the business and the business are the business and the business and the business and the business are the business and th Instruction methods and the form of - TagaT . Q. uop. Absolute Services of Ohio to full some small it was up at the or the small of the land and many and the state of the state harfrend hardredenic com. I mile

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						SURA PER		
	120000		62.20					
	120000		100 miles 100 miles	heredosk Majorin				
	120000	201 AV 202 201 AV 202 201 AV 201 AV	100 miles 100 miles					

death. Page 4 TO HOSPITAL OR AJTENDING PHYSICIAN: The transfer of the haspital at attending physician and campletely filled in by the funeral director, and be retained the haspital at attending physician and campletely filled in by the funeral director, and the funeral director, and the funeral director, and the funeral director as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed-with a page 3 should be detached for use as the burial-transit permit. Then please remave carban papers.

P.H Na

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10860 **CERTIFICATE OF DEATH**

10850 Rea. Dist. No.

_		200110						Kog. Dist.	. 140.		
	PLACE OF DEATH o. COUNTY Alle	gany	MARYLAND	0 5	ATE	here decease	d lived. If institut b. COUNTY			ission)	
	b. CITY OR TOWN (If ou RURAL ond give neares Cumberl	itside corporate limits, w st town)	c. LENGTH OF STAY IN 15								
	d. NAME OF HOSPITAL (street oddress)	-	TREET ADDRESS	75 L GLA	4		e. IS R	ESIDENCE A FARM?	
	Sacr	ed Heart Ho	spital		238 K	caft P	ace		YES	□ NO □	
	NAME OF DECEASED (Type or print)	First Edit	Middle V •	G1.0	lost	4. DATE OF DEATH	Moi	nth Lollana 3	Day	Yeor	
S.			MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE		06	9. AGE (In years lost birthdoy)	Months D	YEAR IF UN	1	
00		(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR IND Own Home		BIRTHPLACE (Stot	e or foreign o			EN OF WHAT	COUNTRY	
13.	FATHER'S NAME		O IIII IIOMO	14. M	OTHER'S MAIDEN			l (lat)			
1	Δn	drew Day	ws on		?	Le	eanna S	hephei	rd		
Y.	WAS DECEASED EVER IN	U. S. ARMED FORCES? es, give war or dates of service	16. SOCIAL SECURITY NO.	INFORMA	NT Patient		Add	lress	I Kin		
	18. CAUSE OF DEATH	[Enter only one couse WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO	Per line for (o), (b), and (c).] CARCINOMA	UNG					INTERVAL ONSET AN	BETWEEN ID DEATH	
	Conditions, if ony, gove rise to immocouse (o), stoting the lying couse lost.	ediote (
CATION											
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER!										
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	V	20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF I foctory, stre	NJURY (Home, for et, office bldg., e	m, 20f. (City	or town)	(Co	ounty)	(Stote)	
	21. I certify that alive an 10.3	l attended the de 1.59	ceased fram 6.21.5		ed at 7:0	OW, fram ADDRESS (S	the causes ar treet, city or town,	nd an the stote)	date state		
		Dr. W.P. Ia	ames.		Симв		D, MD.				
220	BUTTES Pecify)	22b. DATE THEREOF 11-3-195	22c. NAME OF CEMETERY 9 Rose Hill				nberlan			tote)	
	FUNERAL DIRECTOR'S SI		Cumberland,	Md.	24o. REG	NOV 6		ISTRAR'S SIGN			

TORRO - CEMBICAL OFFICAR The state of the s the property and the second of · 自己,这位不同众。 法以外交换的 市 克 克

VS A15 (4) 15M 10/57

PHYSICIAN'S NAME (Type)

George

	MARYLAND STATE DEPA	ARTMENT OF HEALTH—BALTIMORE, 18	10851
	10861 CERTI	IFICATE OF DEATH	LUOUL Dist. No.
	1. PLACE OF DEATH o. COUNTY Allegany MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE Maryland b. COUNTY A:	sidence before admission) llegany
1	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) Cumberland,	Y IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL Cumberland,	ond give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 106 So. Allegany St.,	d. STREET ADDRESS 106 So. Allegany St.,	e. IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF First Middle (Type or print) SOPHIA	GLYNN 4. DATE Month Of DEATH October	Doy Yeor 59
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	I I I I I I I I I I I I I I I I I I I	IDER 1 YEAR IF UNDER 24 HRS. This Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid Motel Cour		U.S.A.
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Ľ	William Rephann	Amelia Engle	
7	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. No. (If yes. give wor or dates of service) 215-34-433	1700 W11	nemac Ave., 40, Ill.
7	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or oruntarion	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b) 9 everal	and Reterostron	you
	gove rise to immediate couse (a), stating the under-lying cause last.	2	0
	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CO	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED?
		OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	(County) (State)
	21. I certify that I attended the deceased from alive an 1957, and that	t death accurred at	t I last saw the deceased in the date stated above.

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 10/8/59 Hill Cemetery Cumberland, Maryland Rose Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cirthun & Knue

Simons M.D.

M.D. 128 Union St.,

Cumberland, Md.

DATE OCT 1 3 '59

Oct. 7, 1959

	ATE OF DEA	Y4007	
Version in the second second			
		,	
Carlo San Carlo			
1002000 100			
TALL DE COMPANIES			1

10862 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLAC o. Co	OUNTY ALLEGANY			M	ARYLAND	2. USUAL RES	LA ND	here deceased	lived. If instituti b. COUNTY		GANY	odmissi	on)
	TY OR TOWN (IF OU JRAL and give peores	tside corporate limi it town) ID	ts, write	C. LENGTH OF ST	TAY IN 16	11/	TOWN (IF		ote limits, write F	URAL ond	give near	est town	
d. N	AME OF HOSPITAL NEMORIAL &	ENGRAPSPIEN, P	AVES	TALES)		d. STREET		FORD R	OAD		e		DENCE FARM? NO [7]
	EASED	Fin		Mic	ddle		A DC O	4. DATE OF	Mor		Day		'ear
5. SEX	ALE 6.	COLOR OR RACE WHITE	7. MARR		RRIED	B. DATE OF BIR		DEATH	9. AGE (In years lost birthdoy) 50 yrs.	IF UNDER Months	1 YEAR I		9 59 R 24 HRS. Min.
10a. US dur	UAL OCCUPATION (ring most of working Tire Mfg	Give kind of work of life, even if retired)	KIND OF BUSINES		STRY 11. BIRTHE		e or foreign co	untry)		ZEN OF		OUNTRY?
13. FATH	HER'S NAME	ES GRAPES	3			14. MOTHER		NAME SOWERS					
15. WAS	S DECEASED EVER IN			SOCIAL SECURITY	NO. II	NFORMANT	311117	JONERS	Add	ress			
(Yes, no.	O (If ye	s, give war or dates of s	ervice) 21	4-07-0345	5	MEMOR I A I	L HOSE	PITAL.	CUME	BERLAN	D. M	ARYL	AND
go	onditions, if ony, over rise to immuse (o), stoting the ing couse lost. PART II. OTHER:	ediote DUE TO)/	Japan CONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	TINAL DISEASE	CONDITION GIV	VEN IN PAR		PERFO	AUTOPSY RMED?
	ACCIDENT WAS U CONTRIBUTING EITHER, NOTIFY MEE	DICAL EXAMINER)	ar 20d. It	CRIBE HOW INJUR	20e. PL/	ACE OF INJURY	(Home, for	m, 20f. (City		(0	County)		(Stote)
MED	Hour o.m. p.m.	19	While of work	Not while of work	100	tory, street, offi	ce blag., en	c.)					
ACT SIG	TUAL NATURE YSICIAN'S ME (Type)	EO H. LE	deceas , 19_s	4	of 19 nat death	accurred a	5:25, 472		the causes are, city or town,	nd an the		stated	
RE/ B	MOVAL (Specify)	226. DATE THEREO)F			r CREMATORY	1	Cumbe	A	Maryla			Rural
	Ruth E. Si		mberl	and Ma:	rylan d		DATE	OCT 2 3	150	Inthun			43

TO HOSPITAL OF ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registror prior to burial, crematian, or remayal, and in any event within 72 hours often death.

VS A15 (4) 15M 9/5B

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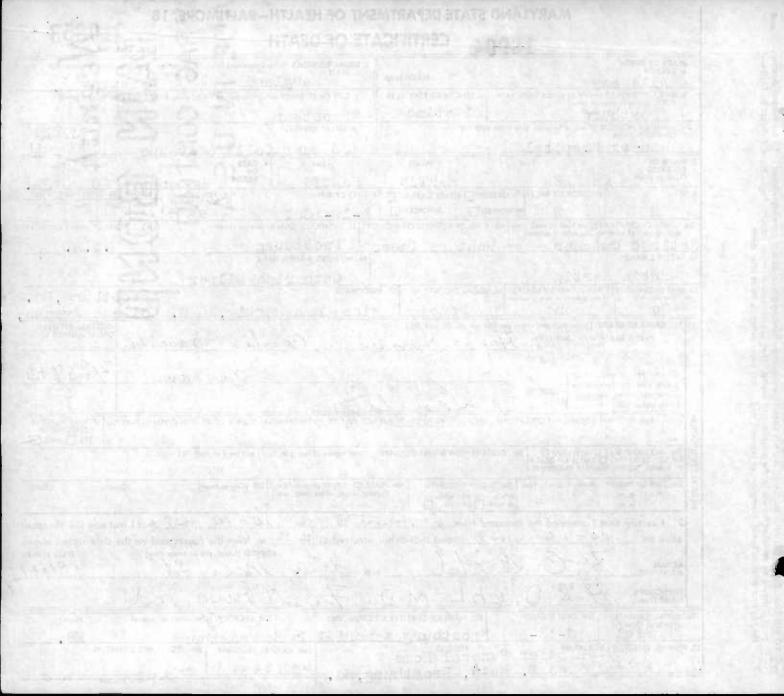
VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ı	000%	CERTIFICATE	OF DEATH

10853

		UUL	4	CAI	OI DEAI	**		Reg. Dist	t. No.
1. PLACE OF DEATH			MARYLA	- 11	USUAL RESIDENCE (M		lived. If institut		e befare admission)
Alleg	any		100000000000000000000000000000000000000		Mary.				gany
RURAL and give	N (If outside carporate limi e nearest town)	is, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corpo	rote limits, write I	RURAL and gi	ive nearest tawn)
Frost	burg		Lifetime	120	Frostbu	rg			
d. NAME OF HOS OR INSTITUTIO	SPITAL (If nat in hospital, g	ive street	address)	1	d. STREET ADDRESS				e. IS RESIDENC
Miner	s Hospital				35 West	Colle	ze Ave	nue	YES NO
3. NAME OF DECEASED (Type or print)	OTT A DOT YOU	st	Middle		Last	4. DATE OF DEATH	Mo	nth	Day Year
5. SEX	CHARLES	7	MARTIN	_	HARTIG	DEATH	Octo		10 1959
J. SEA M	6. COLOR OR RACE	WIDOW	DIVORCED	A-1	-12-1881		9. AGE (In years last birthday) 78 yrs.	Manths I	YEAR IF UNDER 24 H Days Hours Mir
100. USUAL OCCUPA	TION (Give kind of wark	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	e ar fareign co			ZEN OF WHAT COUN
Retired	varking life, even if refired		leat busin		Frostb			1	TT C A
13. FATHER'S NAME	Dutcher	100	ear pusin		MOTHER'S MAIDEN				U.S.A.
	Hartig						3.0		
	EVER IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO.	17. INFO	Cather	ine Di	lfer	dans wa	
(Yes. no. or unknown)	(If yes, give war or dates of s	ervice)					A00	"" Fro	stburg, Mo
No	None		None	Mi	ss Emma l	Hartie	35 W.	Coll	ege Aveni
	DEATH (Enter only one con DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	76	the for (a), (b), and (c).	ros	in Ca	rdio	-bas	cular	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if	DUE TO	. 0				de	Lalen		4-591
gove rise to cause (a), statis	immediate (0	4,	7		- Contract	~	1
lying couse la)	Sene	le	50				
PART II.	OTHER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	AINAL DISEASI	CONDITION GI	VEN IN PART	1(0) 19. WAS AUTOP
ВСАТ									PERFORMED?
	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature af injury in	Part 1 or Part	II of item 1B.)		
20c. TIME OF INJ Hour o. n p. n	n.	While	NJURY OCCURRED 20 Nat while at wark	foctory,	OF INJURY (Hame, for street, affice bldg., et	m. 20f. (City	or tawn)	(Co	ounty) (Sta
21. I certify	that I attended the	deceas	ed from 6-1-	-55	, 19, to	10-	10 1959	that I lo	ast saw the dece
alive on	10-10	195	9 , and that de	eath acc	urred at 2 P	/ M from	A STATE OF THE STA		e date stated ab
	710	1	~ / /		.01100 01		reet, city ar tawn,		DATE SIG
ACTUAL SIGNATURE	X.C.	LVI	elel		39 (1).	ma	1 - 51	1-	10/1
SIGNATURE	1100	1		M.D.		1110		'	
PHYSICIAN'S NAME (Type)	4.0.0	10	hL, M.	D,	tros	Atru	ng,)	nd.	
220. BURIAL, CREMAT	ify)		22c. NAME OF CEMETE		MATORY	22d. LOCAT	10 1 leity, town,	ar caunty)	(Stote)
Buria.			Frostburg	Memo			stburg		Md.
23. FUNERAL DIRECTO	OR'S SIGNATURE A Te	r Fu	neral Home	2	24a. REC	D BY REGIST	RAR 24b. REGI	ISTRAR'S SIGN	NATURE
Zeulah H.	Morelesan 3 F	Mo	in. Frost	2222000	DATE	T 1 5 '59	0.		
				- u - 8	, W. C		- Link	w/ d. /	2004



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death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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	10309	GERTITIO	AIL OI DEAII		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARY I	L COUNT	ution: Residence before admission) Y ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	4		RURAL ond give nearest town)
RURAL ond give n	eorest town)	50 YRS.	22 FROST		KOKAL ONG GIVE NEGRESI TOWN)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
MINE			66 W.		VE. YES □ NO K
3. NAME OF DECEASED (Type or print)	JOHN First	Middle A •	HITCHINS	4. DATE MOTE OF DEATH OCT.	Day Year 11, 19 59
5. SEX	6. COLOR OR RACE 7. MARR	IED 🚺 NEVER MARRIED 🗌	B. DATE OF BIRTH	9. AGE (In year lost birthdoy	
MALE	WHITE WIDOW	ED DIVORCED	FEB. 2, 188	33 76 yr	110010
0a. USUAL OCCUPATION during most of wor	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDL	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	EROOM CLERK	KELLY-SPG. 3	TIRE MAR	YLAND	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
JOHN	HITCHINS		SALLI	E BROWN	
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)		INFORMANT	Ac	ddress
	21	7-10-6621 N	RS. RACEHL	DUNN, FROS	TBURG, MD.
	ATH [Enter only one couse per lin	ne for (o), (b), and (c).]	, 1	0	7 INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	tesded -1	astular	Kenal	ONSET AND DEATH
442X	DUE TO	1).			- 1. ma
Conditions, if o		Alla	lase_		611-0
gove rise to i					
tying couse lost.	(c)			N 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PART II. OTH	HER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition of	FIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAR	AS UNDERLYING 20b. DESC G CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Port I or Port II of item 18.)	
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Year 20d. It	NJURY OCCURRED 20e. PI	ACE OF INJURY (Home, form	, 20f. (City or town)	(County) , (Stote
Hour o.m.	19 While of world	I401 WIIIIE	octory, street, office bldg., etc.		
	not i attended the deceos	ed from Carl	1 , 1954, to 0	CAT 11 105	7,that I last sow the decease
alive on 1	1 1 10	Ly and that death	10000		and on the dote stoted obove
dive on z		and mor deon		ADDRESS (Street, city or tow	
ACTUAL SIGNATURE	wome	tane	M.D. E.	MAIN ST.,	Oct 12 1459
PHYSICIAN'S NAME (Type)	W. O. McLAN	E, M. D.	FRC	STBURG, MD	•
220. BURIAL, CREMATIC		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, Your	n, or county) (State)
BURIAL (Specify)	Oct. 14 159	F'BG MEMOR	RIAL PARK	FROSTBI	HG. MD.
23. FUNERAL DIRECTOR		ADDRESS	24a. REC*	BY REGISTRAR	ERAR'S SIGNATURE
J. R. I	DURST, FR	OS TBURG, MD.	DAJECT	1 5 750	

BGROS - P. OF SECURITARY ASSESSED.	
MATAES IN	1090S CENTRICAL
A STATE OF THE PARTY OF THE PAR	
S. CARELLES	
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A. J. C. S. MARKER	
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VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10863

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	ALLEGANY		MARYLANI	o. STATE		lived. If institution: R b. COUNTY		dmission)
	If outside corporate limit	ts, write c. LEN	NGTH OF STAY IN 1		N (If autside corpora	ote limits, write RURA	ALLEGANY L ond give nearest	town)
RURAL and give n			1 DAY	X CHMP	ERLAND, M	ARYLAND		
d. NAME OF HOSPI	TAL (It not in hospital, g	ive street address)	/ d. STREET ADDRE		4111127110		S RESIDENCE
OR INSTITUTION	MEMORIAL MO	PEDITAL		ROU	TF #4. UH	L HIGHWAY		ON A FARM?
3. NAME OF	MEMORIAL HO		Middle	Last	4. DATE	Manth	Day	Year
(Type or print)	DAVID		J	JOHNS	OF DEATH	OCTOBER	11,	19 59
S. SEX	6. COLOR OR RACE	WIDOWED	DIVORCED	B. DATE OF BIRTH			INDER 1 YEAR IF L	ours Min.
MALE 10a. USUAL OCCUPATION during most of work Machine F	king life, even if retired)	lone 10b. KIND (of Business or in	DUSTRY 11. BIRTHPLACE		intry)	12. CITIZEN OF WH	AT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAI				
	JACK J.	JOHNS		SA	RAH MORGA	N		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	ervice)		INFORMANT		Address		
yes	ww 1	217-1	0-7407	MEMORIAL	HOSPITAL	CUMBERLAN	D. MARYL	AND
18. CAUSE OF DEA	ATH [Enter only one car	use per line for (o), (b), and (c).]	P			INTERVA	AL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		u mona	y Combal	lis			huts.
420.1	DUE TO	^	Λ	41 11				
Conditions, if a		Uw	undan	timellat	tion			
gave rise to i couse (o), stating lying couse lost.		Chia	ne Myde	uditis -	oll Mune	ar lead m	latur	
PART II. OTI	HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH I	BUT NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVEN	PI	VAS AUTOPSY ERFORMED? S NO
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY OCCUI	RRED. (Enter noture of inju	ory in Port I ar Part	11 af item 18.)		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yeo	While N	OCCURRED 20e.	PLACE OF INJURY (Hame factory, street, office bldg	e, farm, 20f. (City og., etc.)	or town)	(County)	(Stote
21. I certify th	not I attended the	deceased fro	om July	1954, to	act	, 1959, tho	t I lost saw th	ne deceose
olive on	Oct 11	, 1959	_, and that de	ath occurred at	20PMfrom t	he couses and a		
ACTUAL SIGNATURE	& Overton	Here	me breken	the 133	VIValmi	eet, city ar tawn, state	12	DATE SIGNE
PHYSICIAN'S NAME (Type)	F.O. Him	melwr	ightly	D Cu	mboda	ud, Md		4.144F-024.
22a. BURIAL, CREMATIC REMOVAL (Specify Buri al	October	14.19 ^{22c.}	Davis Me	OR CREMATORY m. Cemeter:	V	ON (City, town, ar co		(State)
23. FUNERAL DIRECTOR			ADDRESS		REC'D BY REGISTR	AR 24b. REGISTRA	R'S SIGNATURE	yranu
John J. H	fer. Cumbe	rland	Maryland		OCT 16"		hung & traces	4

	HEROMETHAL OF HARLEST STREET		
			and a
MADRIJA	OU JYSMI		7H422134
	GLASYTAN , GYALRISAND	YAULI	COMBERGADO, NO.
	ROUTE EN, UHL HIGHEST	JATH	TON JAHROUSE
A .11	BUXATIO PUBLIC PUBLICATION OF THE PERSON OF	A STATE OF THE PARTY OF THE PAR	GIVAN
USA	MALES, ENGLAND		rozkil enzilasit
	WASHINGTON TO THE TANK	CHEO	C.OMM.
GLATYRAN . OI	AURIBROD LATTIFECK BATRANDE	217-10-7407	r en
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	Secretary to the second		
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10864

CERTIFICATE OF DEATH

10856

Reg. Dist. No.

-										110.	
1.	PLACE OF DEATH o. COUNTY	Allegany		MARYLAN		SIDENCE (WI		lived. If instituti b. COUNTY		before odmiss	sion)
	RURAL ond give i	9 9	write c. L	25/59	b c. CITY O	TaVal		ote limits, write R			n)
	d NAME OF HOSP	TAL (If not in hospital, give		1 - 1 - 1	A STREET	ADDRESS	.0 -	Cumb	erland		TIDEN ICE
	OR INSTITUTION	Allegany C					sh Va	lley			FARM?
3.	NAME OF DECEASED (Type or print)	First Lewis		Middle Smith	Jon	teo.	4. DATE OF DEATH	Octob			Yeor 19 59
	SEX Male	6. COLOR OR RACE 7		NEVER MARRIED			5	AGE (In years lost birthdoy)	IF UNDER 1 Y	YEAR IF UNDI	
		ON (Give kind of work do	T-		DUISTRY 11 BIDTH		as foreign and		10 CITIZE	N OF WHAT	
R	etired -	rking life, even if retired) - Auto Mech			RR Cumb	erlan	d, Ma			S. A.	
13	FATHER'S NAME	homas Jone	S			y Lit	zenbe	rg			
1S {Y	es, no. or unknown)	ER IN U. S. ARMED FORCE {If yes, give wor or dates of servi	\$? 16. SOCI	AL SECURITY NO. 17	INFORMANT P				ress Cumb		id,Md
_	No.			ne	Allegan	y Cou	nty I	nfirma	ry Rec	ords	
	PART I. DE	ATH [Enter only one coust ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	e per line for	(of. (b). ond (c).)	orar	4 71	4 po	stas	is	INTERVAL BE	TWEEN DEATH
	Conditions, if gove rise to		C	Cronice	Th	1/00	ear.	dite	,0	>,	>
	couse (o), stoting lying couse lost.	the under- DUE TO	le	ereler	el le	hte	rio.	oclu	os id	7	>
CATION	PART II. OT	HER SIGNIFICANT CONDIT	TIONS CONTI	RIBUTING TO DEATH I	SUT NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1	PERFO	AUTOPSY PRMED?
CERTIFICATION	200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE	HOW WILLIAM OCCU	RED. (Enter nature	of injury in f	Port I or Port I	Il of item 18.)			NO [gg
MEDICAL	20c. TIME OF INJU Hour o.m. p.m.	RY Month, Day, Year	20d. INJURY While of work	Not while	PLACE OF INJURY foctory, street, off	(Home, form ice bldg., etc.	, 20f. (City o	or town)	(Cou	nty)	(Stote)
	21. I certify the alive an 10/ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	nat I attended the d 12/59 Jules & Dr. James	19		m.D.	6:30P 9 Gre	_M, fram	te, city or town,	ind an the	date state	deceased abave ATE SIGNED
22	Burial, CREMATIC REMOVAL (Specify Burial	ON, 22b. DATE THEREOF 10/5/59	0	NAME OF CEMETERY		ery		on (City, town, o		land	e)
23.	FUNERAL DIRECTOR H. Wayn	rs signature le George C		land, Ma	ryland		BY REGISTR	AR 24b. REGIS	TRAR'S SIGNA	ATURE	

Control of the second ET LA COMMISSION of a Victoria to the bundance continues of the continu . Dr. Bras Crodenotures - Fife god . O. A filter Tomos Bill to purch all extent enter of the own in the own of the bowers of the billion and the same of the billion o 43/5/51 10/5/51 10/5/5 present 6/6/5/5/5/5/5/5/5/5/5/5/5/5/5/ bestrank, bestrough yers must benome and be until and PART AND THE LANGE BELLEVIEW OF LOT

CERTIFICATE OF DEATH

10857

1004	A.P.			Reg. Dist. No	ð.
I. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (W	here deceased lived. If inst		are admission)
Allegany	MARYLAND	Marvl	and b. coul	Alleg	anv
b. CITY OR TOWN (If autside carporate limits,	write c. LENGTH OF STAY IN 1b		autside carporate limits, wri		_
RURAL and give nearest town) Cumberland	6 hrs.	02 Cumberlan	d		
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE
Sacred Heart Hospi		113 Wills	Creek Ave		YES NO
NAME OF First	Middle	Last		Manth D	lay Year
DECEASED	inia Madeline	Kaiser	OF	0/ 1	/ 1959
1 olu4 S	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	-	R IF UNDER 24 HE
	VIDOWED DIVORCED	The second secon	last birthdo	y) Manths Days	Haurs Min.
Female White V Do. USUAL OCCUPATION (Give kind of work do		- Marian Marian	911 48		OF WHAT COUNTR
during mast af warking life, even if retired)					
SSIST. COOK	Hospital		and, Maryla	na U,	S.A.
		14. MOTHER'S MAIDEN			
Edward P Cosgrov			Margaret Tu		
(if yes, give wor or dates of serv	rice)	NFORMANT			berland
No,	215-20-7200Mr	. Walter C.	Kaiser 11	3 Wills	Creek A
18. CAUSE OF DEATH [Enter anly ane caus	e per line far (a), (b), and (c).]	1-1			TERVAL BETWEEN
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)_	oxorlectu s	linke		01	le home
334X DUE TO		0			
Canditians, if any, which)	carterial	hours to	1		110000
gave rise to immediate DUE TO	weater	Janus	-615	- 1	gener
luing source loss					
(6/-	TIONS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERM	MINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19 WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO BEATT	NOT KEDTED TO THE TEXT	MINAL DISEASE CONDITION	OTTENTION TO	PERFORMED?
20- ACCIDENT WAS UNDERWING TO	OF DESCRIPT HOW INHURY OCCUPAN	D (F.)	P-41 P-411 -6 (4 19	1	YES NO
OR CONTRIBUTING CAUSE OF DEATH	0b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture at injury in	ran i ar ran ii ar nem io.	1	
			Taur 1		
20c. TIME OF INJURY Manth, Day, Year Hour a.m. p. m. 19	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, for ctary, street, affice bldg., e	m, 20f. (City ar tawn)	(Caunty	r) (Sta
p. m. 19	at wark at wark				
21. I certify that I attended the a	deceased from 9-30	19 59 ta /	10-1- ,19	Sthat I last so	w the decease
alive on 9-30 -			AM, fram the couses		
7	, The state of the	occorred districts	ADDRESS (Street, city or to		DATE SIGN
ACTUAL 4 / Km	2.00	Cumb		10/	2/50
SIGNATURE CONTRACTOR		M.D. CUMDE	erland, Md.	10/	2/37
PHYSICIAN'S		50	0		
NAME (Type) Dr. L.Brin			Green Street		
2a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, to		(State)
Burial 10/5/59	Sunset Mem	orial Park	Cumberlan	d, Maryl	and
B. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC	C'D BY REGISTRAR 24b. F	EGISTRAR'S SIGNATI	URE
H. Wayne George	Cumberland, Ma:	ryland DATE	OCT 6 '59	Orthon & H	

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. 06: the haspital ar attending physician. may be retaine TO FUNERAL DIR VS A1S (4) 1SM 9/SB

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

TO HOSPITAL OF

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CERTIFICATE OF DEATH 10866

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY ALLEGAN	Υ		MARYLAN	2. USUAL	RESIDENCE (WI	here deceased li	ived. If institution b. COUNTY		ce befare od EGANY	Imission)
b. CITY OR TOWN (I RURAL and give ne CUMBER L	If autside carporate limi earest tawn) .AND	its, write c. I	LENGTH OF STAY IN		OR TOWN (IF O		te limits, write R	URAL and g	give nearest	tawn)
d. NAME OF HOSPIT OR INSTITUTION MEMORIAL HO	SPITAL, ME!			/ •	ET ADDRESS CRESAP	DRIVE,	, POTOMA	C PAR	0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	ROLL		Middle S	KA	Lost	4. DATE OF DEATH	OCTO		Day	Year 19 59
s. sex	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED [9.	AGE (In years last birthday) yrs.	IF UNDER Manths	1 YEAR IF U Days Ho	INDER 24 HRS.
100. USUAL OCCUPATION during most of work Chem. AS 13. FATHER'S NAME WILLIAM	sit)	of Business or in	Orp.	THPLACE (State Ohio JER'S MAIDEN N DPHIA RA	NAME	ntry)	12. CITI	USA	AT COUNTRY?
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. SOC ervice) 21		INFORMANT MEMORIA	L HOSPI	TAL, CL	Addi JMBERLAN			
PART I. DEA 154 X Conditions, if a gave rise to it cause (a), stoting lying cause last.	mmediate (Carene	ilie C	of Riv	lu_			INTERVA ONSET	L BETWEEN AND DEATH
PART II. OTH	HER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERM	INAL DISEASE (CONDITION GIV	'EN IN PAR	PE	REFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Ye		Y OCCURRED 20e	. PLACE OF INJU	JRY (Hame, farm	n, i 20f. (City a		(0	County)	(State)
20c. TIME OF INJUR Haur a. m. p. m.	19	While at wark			affice bldg., etc					
21. I certify the alive an	willow P. IA	deceased to the second			at 7 PM	M, fram th		d an the	date sta	
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	Oct.14,		NAME OF CEMETER Sunset Me				on (city, town, o			(State)
23. FUNERAL DIRECTOR		Cumb	address erland. 1	Md.	24a. REC'	D BY REGISTRA	AR 24b. REGI	STRAR'S SIC	SHATURE	

may be retained the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, or removal, and in any event within 72 haurs after death. eath. Poge 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of death. Page 4 may be retained the hospital or attending physicion.

TO FUNERAL DIVERTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directoring page 3 shauld be detached for use os the burial-tronsit permit. Then please remove carbon-papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremotian, or removal, and in any event within 72 hours affer death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEIC ATE OF DEATH

10860

	105	222	CE	KHILLY	AIE O	r DEAII			Reg. D	Dist. No		
1. PLACE OF DEATH o. COUNTY ALLE	GANY	77-0		MARYLAND	o. STA		The same	ed lived. If institu b. COUNT	v	GANY		sion)
b. CITY OR TOWN (RURAL ond give n	If outside corporate lim learest town)	its, write	c. LENGTH OF	STAY IN 1b	c. CITY	OR TOWN (If	outside corp	orate limits, write	RURAL and	give ne	arest town	n)
CUMBEI	RLAND			AYS	-	CUMBERLA	ND					
d. NAME OF HOSPI OR INSTITUTION MEMOR I	TALMEMORIAL'	HOSP'I K AVE	TAL"			EET ADDRESS 236 WEST	OLDT	OWN ROAD			e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)		RED		Middle		Lost KERSHNER	4. DATE OF DEATH	COTO	BER	Do	/	Year 159
s. sex	6. COLOR OR RACE WHITE	7. MARI WIDOW		MARRIED	B. DATE OF	13, I90	5	9. AGE (In year lost hirthdoy)	Months		Hours	Min.
10a. USUAL OCCUPATI during most of wor Truck Dri	ON (Give kind of work king life, even if retired VET	1)	KIND OF BUSIN		ISTRY 11. BI	MARYLA		country)	12.CI		U.S.	A .
13. FATHER'S NAME	DIES KEDSH				14. MOT	HER'S MAIDEN	NAME					
CH	ARLES KERSH	INE,K				EDNA S	WITZE	R				
1S. WAS DECEASED EV	ER IN U. S. ARMED FOI		SOCIAL SECURI	TY NO.	INFORMANT			Ad	dress	7,		
No	(ii) (ii) (iii) (ii) (ii) (ii)		214-05-	5525	MEMOR	LAL HOSE	PITAL.	CUMBERL	AND.	MD.		
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1000 00 000	ATH WAS CAUSED BY: IMMEDIATE CAUSE () (100 LG	unios	rale							
525)	DUE TO	1	20		20	2	4	Suply				
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cause (a), stating	the under-											
Z Sher II OT	HER SIGNIFICANT CON	IDITIONS (CONTRIBUTING	TO DEATH BUIL	T NOT DELAT	ED TO THE TERM	INIAI DISEAS	SE CONDITION C	IVENI INI RA	DT 1/a\l	2AW OF	ALITOPSY
PART II. OT	Con a st	L	A/a	- /	12	O . a	INAL DISEA.	SE COMMITTOR O	IACIA IIA LY	K1 1(0)	PERFC	DRMED?
	AS UNDERLYING	20h DES	CRIBE HOW INJ	LIPY OCCUPPE	D /Enter no	burn of injury in	Port Lor Po	et II of item 18)			162) NO [
□ OR CONTRIBUTING	MEDICAL EXAMINER)	200. DE3	CRIDE HOTE HES	DRI OCCORRE	.D. (Ellier no	iore or injury in	101110110	iii ii oli iioiii ioi,				
	RY Month, Day, Ye	While	NJURY OCCURRI	ED 20e. PL fo	ACE OF INJ	URY (Home, form office bldg., etc	n, 20f. (Cit	y or town)		(County)		(Stote
₹ p. m.	19	of wor	k ot work	11/2 8		(4)	101		76			
21. I certify t	hat I attended the			1/20	, 19	31, to	10/	1 194	7,that I	last sav	w the c	decease
alive an		19	, and	that death	accurre	10:20_A		the causes o		he date		
ACTUAL SIGNATURE	Ser V.	Le	y gd		M.D	452	ADDRESS (S	Street, city or low	SZ		10/	SIGNED
PHYSICIAN'S NAME (Type)	LEO H.LEY					Cus	le	land	m	2		
220. BURIAL, CREMATIC REMOVAL (Specify Burial	10-5-59	OF		F CEMETERY O			-	Clears		2.0	(Sto	te)
23. FUNERAL DIRECTOR James F	s signature Scarpel:	li C	ADDRESS	and, Md		24a. REC	D BY REGIS		GISTRAR'S			

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third cepy of this death certificate assembly should be detached for use as a burial transit permit.

10863

CERTIFICATE OF DEATH

	10906	Reg. Dist. No
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany
	CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate timits, write RURAL and give nearest lown) OR
i	TOWN Frestburg	X TOWN Frostburg (Rural)
1	HOSPITAL OR INSTITUTION OR	/ STREET (If rural give location) ADDRESS
	STREET ADDRESS Miners Hospital	R.F.D. #1
9	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
9		PTIC DEATH 10/17/1959 19
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specific downed)	Months Days Hours Min.
8	WILCOMER 2/ IS	/1884 75 yrs. Monins Days Rooms Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired 10 LS CWOTK OWN HOME	11. BIRTHPLACE (Stets or foreign country) 12. CITIZEN OF WHAT COUNTRY?
i	reliredIOUSEWOPK OWN Home	Austria U.S.A.
ı	Konrad	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	IT, INFORMANT & ADDRESS
	(Yas, Neor unk.) (If Yes, give wer or detes of service)	Tros courg, MD.
	/ 18. MEDICAL CER	Miss Ann Leptic, R.F.D. #1
7	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
ä	592 X IMMEDIATE CAUSE (A)	rus winu Imo
8	ANTECEDENT CAUSE(S) DUE TO	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
	(C) Q ()	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSYR
)	176. BALL OF OTERATION	YES NO
	2fs. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., alc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
		21f. HOW DID INJURY OCCUR?
I	M. et work et work	
8	22. I hereby certify that I attended the deceased from	2 , 195 , to Colon, 195 , that I last saw the decease
		t. 2.20 ft, from the causes and on the date stated above.
25 104	SIGNATURE LANE MAD	ADDRESS (Streel, city, town, state) DATE SIGNED
١	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL ISPECIFY)	
<	Burial 10/20/1959 Memorial 1	
*	24. REC'D BY REGISTRAR CCT 2 0 59 Colling & France	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GEORGE FICHHORN. LONACONING. MD.
	DATE . Trans	GEORGE EICHHORN, LONACONING, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME(5)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10865

			108	71	CEF	RTIFIC	ATE	OF DEATH	4			Reg. D	ist. No		
1. PLACE o. COU	OF DEATH	ANY			N	ARYLAND	2. USU o. S	AL RESIDENCE (WETATE PENNSYLV	nere decease		institutio OUNTY	n: Reside	nce befo	re admis	ion)
RURA	OR TOWN (II AL and give ne CUMBERL		ote limits,	write	c. LENGTH OF S		с. С	BUFFALO	outside corp		write RL	JRAL ond	give ned	Y 3	1)
d. NAM	AE OF HOSPITA	L HOSPI		e street a	ddress)		d. 9	RT. #1							FARM?
3. NAME DECEAS (Type o	SED		First A NNA		MARY	iddle	LEYDI	Last G	4. DATE OF DEATH	,	Mont OCTO		2	'	Year 19 5 9
5. SEX FEMAL	.E	6. COLOR OR WHITE		· MARRI	DIVO	ARRIED		OF BIRTH	1940	9. AGE (In lost by	n years thday) yrs.	Months	R 1 YEAR Days	Haurs	Min.
HC	most of work	ing life, even if	work dor retired)	ne 10b. k	CIND OF BUSINE	SS OR IND		PENNSYLV	ANIA	country)			U.S.		COUNTRY
	LTER S	HAFFER					14. M	HELEN GR	ROSSE						13
		R IN U. S. ARME (If yes, give war or o			VOIVE		MEMOR	IAL HOSPI	WA TAL -	RWICK CUMBI	&^dM ERLA	EMOR ND,	IAL MARY	AVEN LAND	UE
1B. C.		TH WAS CAUSE IMMEDIATE CA	D BY:		e for (o), (b), and	YMPHA	TIC I	EUKEMIA						ERVAL BE	
gave	ditions, if are rise to in a (a), stating to a (a), stating to a (a).	mmediate ((b)												
CERTIFICATION OR CO		IER SIGNIFICAN	(c)_ T CONDII	TIONS CO	ONTRIBUTING TO	DEATH BU	UT NOT REI	ATED TO THE TERM	INAL DISEAS	SE CONDITI	ON GIVI	EN IN PA	RT 1(o) 1	9. WAS PERFO YES	DRMED?
	ONTRIBUTING	S UNDERLYING CAUSE OF I MEDICAL EXAM	DEATH	b. DESC	RIBE HOW INJU	RY OCCUR	RED. (Enter	nature of injury in	Port I or Po	rt II of item	18.}				
-	ME OF INJURY Haur a. m. p. m.	Y Month, Do	y, Year 19	While	JURY OCCURRED Not while at work			NJURY (Home, form eet, office bldg., etc		y or tawn)			(Caunty)		(State
	certify the				d fram <u>OC</u>			1959 to 0	M, fram		ses and	d an th		stated	

ACTUAL SIGNATURE

S.M. **JACOBSON**

PHYSICIAN'S NAME (Type) 229 BURIAL, CREMATION, REMOVAL (Specify) 22b DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, Jown, or county) 24a. REC'D BY REGISTRAR

lo 24b. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE

Orthur S. Krous

TO FUNERAL DIF TO HOSPITAL OR VS A15 (4) 15M 9/5B

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within 72 hours after death

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registrar priar

MARYLAND ST	ATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
10872	CERTIFICATE	OF DEATH	

10866

		108	72	CERTIFIC	ATE OF DEAT	Н		Reg. D	ist. No		
	E OF DEATH	gany	3	MARYLAND	2. USUAL RESIDENCE (W	/here deceose vania	d lived. If institution b. COUNTY			ore admissi	on)
RL	TY OR TOWN (If IRAL ond give new Dumberla:		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond	give ne	arest town)
0	AME OF HOSPITAR INSTITUTION MORIAL H	AL (If not in hospital, g	jive street	address)	d. STREET ADDRESS		1.8			e. IS RESI ON A YES 🔀	FARM
3. NAM		Betty	st	Middle	Leydig	4. DATE OF DEATH	Octobe:		959	,	reor
5. SEX		6. COLOR-OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)			IF UNDE	
Fer	nale	White	WIDOW	ED DIVORCED	Nov. 20, 1922		36 yrs.	Months	Days	Hours	Min
dus	UAL OCCUPATION Fing most of working ousewife	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR IND	Somerset		country)		TIZENO	FWHATC	OUNTR
13. FATE	HER'S NAME				14. MOTHER'S MAIDEN		100				
	Edmu	nd J. Phil	lippi		Mary Mae S	haffer					
		IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY NO. 75-12-9370	INFORMANT Donald Leydig		Add	ress			
18.	CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (o), (b), and (c).]					INT	ERVAL BET	DEATH
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ge	neralized abd	ominal carcino	oma.			6	wee	1
	199.2	DUE TO					7				
C	onditions, if an	y, which) (b	1								
	ove rise to in use (o), stoting t	nmediote (
	ing couse lost.	ne <u>onder-</u>	1								
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(a)	PERFO	RMED?
CERTIFI SOO SOO SOO SOO SOO SOO SOO SOO SOO SO	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in	Port I or Po	rt II of item 1B.)				
WEDICAL 20c.	TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	While		PLACE OF INJURY (Home, for factory, street, affice bldg., e		y or town)		(County)		(Sto
21.	I certify the	at I attended the	deceas	ed from 6-23-59	, 19, ta	10-2-5	9, 19,	that I I	ast say	w the de	eceas
ali	ve an 10.				th accurred at 2:11	M, fram		d an th		e stated	
SIG	NATURE	John A. T.	1	16.7	_ M.D.						

VS A15 (4) 15M 9/5B

22b. DATE THEREOF

ct.6,

22a. BURIAL, CREMATION, PREMOVAL (Specify)

ADDRESS Hyndman, Pa.

1959 Hyndman Cemetery

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)
Hyndman, Pa.

Ciriling & Krous

(Stote)

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		MEDICAL		
FOR STATE	10875AL			
HEALTH DEPT.	1. PLACE OF DEATH Allegany County			
Poge Poge files.	Sacred Heart Hospital			
T I	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nacres) town)			
of of	Cumberland, Md.			
Boord 062	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite Sacred Heart Hospital			
a de				
If any delay is 3 to the funeral ay be reformed vith the State B rs after death.	3. NAME OF DECEASED	NAME OF First DECEASED		
the the the	(Type or print) CATHERINE			
00 _ 0	5. SEX 6. COLOR OR RACE 7. MARRI			
E > 5	Female	White WIDOWED		
deat 2, or 2, or oge ond	10o. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)			
5-2-4	None (Infant)			
Poges m PM3.	13. FATHER'S NAME			
P P P P P P P P P P P P P P P P P P P	Harry W. Long			
Give Give h form File my evenny even	[Yes, no, or unknown]	R IN U. S. ARMED FORCES? 16. SO		
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ed wilhi len 18. Ilong wi permit ond in		H [Enter only one cause per line for		
Item Item along	PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (0)GUN		
id be execute n pencil in Its er's Office al burial-transit or removal,	919.0	DUE TO		
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rificate shar pending: lical Examin e vsed as a cremation,	PART II, OTHER SIGNIFICANT CONDITIONS CONT			
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ord 'per Medical Id be us	PART II. OTHER SIGNIFICANT CONDITIONS CON-			
This cer word ef Med loutd b		Acci		
Chicago Short	20c, TIME OF INJUR	3476.20		
ling the 3	¥ 4:00 p.m.	Oct. 26 1959 of work		
writing the to the Chie Page 3 sho	21. I certify th	at I took charge of the rer		
AL EX.	opinion death	resulted from: Natural car		
A O G O G	/	2 , -1.00		
MEDIC L Drang gnoted	SIGNATURE	SIGNATURE Devedict Sky		
~ T = 4 .:	EXAMINER'S			
DEPUTY should be FUNERA		nedict Skitarelic		
or its d	REMOVAL (Specify) Burial	10/29/59 S		
5,45,	23. FUNERAL DIRECTOR			
VS. A15ME	Charles L. George Cum			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **EXAMINER'S CERTIFICATE OF DEATH**

10867

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o STATE Maryland b. COUNTY Aldegany
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
X Mt. Savage
d. STREET ADDRESS e. IS RESIDEN ON A FAR?
Railroad St., P.O. Box 519 YES NO.
LONG 4. DATE Month Day Year OF DEATH October 26 1959
8. DATE OF BIRTH 9. AGE (In years IF UNDER 14EAR IF UNDER 24 H
June 26, 1955 Grithdoy! Months Doys Hours Min.
JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN
Cumberland, Md. U.S.A.
14. MOTHER'S MAIDEN NAME
Iona A. Oss
. INFORMANT Address M
r. Harry W. Long P.O. Box 519 Mt. Sa
INTERVAL BETWEEN ONSET AND DEATH
OF HEAD 35 Min.
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T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED? YES NO.
(Enter noture of injury in Port I or Port II of item 18.) by an eight year old brother
PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stat
octory, street, office bidg., etc.) Mt. Savage Alleg. Md.
bove, held an Autopsy , Inspection , Inquiry , and in
Suicide , Homicide , Undetermined monner
/
M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER & Oct 26 7050
OR CREMATORY 22d. LOCATION (City, town, or county) (State)
piscopal Mt. Savage, Maryland
240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Maryland Strong 29'59 aring S. Fines

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1. PLACE OF DEATH o. COUNTY Allegany

MARYLAND

b. COUNTY

OCT 21 '59

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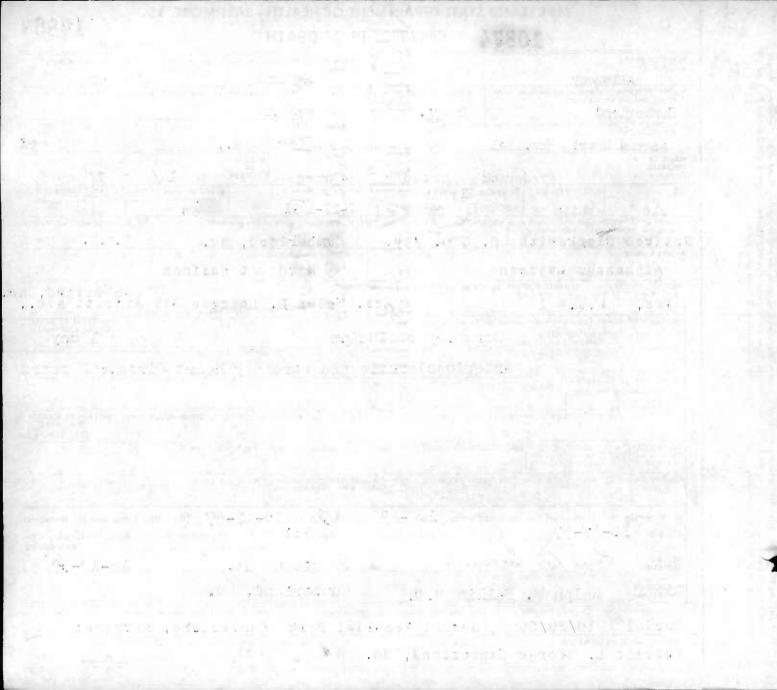
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Allegany Mar vland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) hrs. 02. Cumberland Cumberland d. NAME OF HOSPITAL (If nat in hospital, give street address)
OR INSTITUTION e. IS RESIDENCE d. STREET ADDRESS ON A FARM2 YES NOTE 319 Avirett Sacred Heart Hospita] Ave. NAME OF DECEASED Middle 4. DATE Month Year (Type or print) Luhrman DEATH 10 19 Frederick Anthony IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months DIVORCED | -27-1891 WIDOWED [68 yrs. Male White 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. B. & O. Rwv. Cumberland. Retired Blacksmith 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Huffman Alphonsus Luhrman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Cumberdand W.W.# 319 Avirett Ave., Mrs. Helen R. Luhrman Yes. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) 420.1 DUE TO Arteriosclerotic and coronary heart disease 2 years Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOF 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while at work at work 19 54, ta 10-17-59, 19 , that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 2:15M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Greene St. SIGNATURE PHYSICIAN'S Cumberland, Md. Ralph W. Ballin M.D. NAME (Type) 22b. DATE THEREOF 22d, LOCATION (City, town, or county) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stote) 10/20/59 Sunset Memorial Park Cumberland. Maryland 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

Charles L. George Cumberland, Md.

campletely papers. oth. pup carbon ŏ ofter physician remove hours attending been signed per physician. burial-transit has certificate the P this TOR: FUNERAL DIN PT registrar page he 0

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VS A15 (4) 15M 9/58



FOR STATE HEALTH DEPT.

for, please for. Page your files. d of Heolth, W 06:

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is nexecute the content cate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral of should be if anded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10869 Reg. Dist. No

D. COUNTY COUNTY Allegany Martian D. COUNTY Washington D. COUNTY Washington D. COUNTY Washington D. COUNTY D. C. CITY OF TOWN (If outded coppored limit, write 8UAA and give necessal load) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA and give necessal load) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA and give necessal load) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA and give necessal load) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA and give necessal load) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA and give necessal load) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA and give necessal load) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA and give necessal load) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write 8UAA) D. C. CITY OF TOWN (If outded coppored limit, write outded coppored limit, write outded coppored limit, write ad		1. PLACE OF DEATH	2000		2. USUAL RESIDENCE (V	Where deceases	d lived. If institu	tion: Resid	ence bel	fore admi	ission)
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Cumberland d. NAME OF HOSPITAL OR INSTITUTION (of not in hospital, give siver oddien) d. STREET ADDRESS Sacred heart. Hospital LOW Mitchell Ave LOW Mitchell Ave NEST Mean Model DONALD Linwood LUSHBAUGH DONALD Linwood LUSHBAUGH Not Ober 10 19 59 5. 5ER ACCIOF OF RACE A. MARRED MINOR OF ALLE MARRED MINOR PROPERTY MARRED MODEL OF THE MODEL PROPERTY MODEL PR		b. CITY OR TOWN III	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16		_	prote limits, write				
Sacred heart Hospital Anale of Hospital Or Institution (Ir not in hospital, give street oddress) A. STREET ADDRESS A. ACCOUNTING A. APPEND				1 hour	Hacone	t orm		113	0		/
Sacred heart Hospital 100 Mitchell Ave 150 Most						OOWII		-1.0.0			
3. NAME OF DECRASED (Type or print) DONALD Linwood IUSHBAUGH DONALD Linwood IUSBBAUGH Patter State (The Color of RACE (In your beauty of the Color of RACE (In your beauty) of RACE (In your beauty) (In your beauty of the Color of RACE (In your beauty) (In	_	Sacred he	art Hospital		400 Mit	chell	Ave		19		_
DONATO LINWOOD LINWOOD LINBAUGH DEATH October			First	Middle		4. DATE			Doy	Y	eor
5. SEX Male White Whowed Divorced Feby 6 1934 10c. USUAL OCCUPATION (get ling of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRACE (Stole or foreign country) 10c. USUAL OCCUPATION (get ling of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRACE (Stole or foreign country) 11. BIRTHRACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c). 18. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c). 19. PART I. DEATH WAS CAUSED BY. 10. EXTERNAL CAUSE BY. 10. EXTERNAL CREMATION 10. EXTERNAL CAUSE BY.			DONALD Lir	wood L	USHBAUGH		Octob	er	10	1	9 59
Maile Milite Milowerd Divorced Feby 6 1934 25 72. Milowerd Mi		5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years	IF UNDER	TYEAR	IF UND	ER 24 HRS.
Truck Driver Tr		Male	White WIDOWE	DIVORCED	Feby 6 1934			Months	Days	Hours	Min.
Truck Driver 13. FATHER'S NAME Howard Lushbaugh Howard Lushbaug		10a. USUAL OCCUPATIO	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign cou	untry) Md.	12. CIT	IZEN O	F WHAT	COUNTRY
HOWARD INSTANCE. Howard Inshbaugh Howard Inshb				Trucking	Hagerst	own Wa	sh Co	1 5	US	SA	
MAS DECEASED EVER IN U. S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (c), (b), and (c).		13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME					
Its. no. of withcome B16-30-3287 Clarence Lushbaugh, Hagerstown, Md.		H	oward Lushbaugh		Mary	Johnson	a				
18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).	-	15. WAS DECEASED EVI	Iff yes, give war or dates of service)		INFORMANT		Address				
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DUE TO Conditions, if ony, which gove rise to immediate course (a), stating the underlying course fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0 119. WAS AUTOPSY PERFORMED? PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0 119. WAS AUTOPSY PERFORMED? PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0 119. WAS AUTOPSY PERFORMED? PERFORMED? YES DO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Truck Wreck, pinming him in cab (out control of the terminal disease) pinming him in cab (out control of the terminal disease) pinming him in cab (out control of the terminal disease) pinming him in cab (county) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Truck Wreck, pinming him in cab (out control of the terminal disease) pinming him in cab (out control of the terminal disease) pinming him in cab (out control of the terminal disease) pinming him in cab (out control of the terminal disease) pinming him in cab (out control of the terminal disease) pinming him in cab (out control of the terminal disease) pinming him in cab (out control of the terminal disease) pinming him in cab (out control of the terminal disease) pinming him in cab (out control of the terminal disease condition of the terminal disease control of the terminal disease condition of the t				for (a), (b), and (c).					INTER	EVAL BETWE	IEN ATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED.		(a), stating the							17		
PERFORMED? PERFORMED. PER) (c)								
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21. I certify that I took chorge of the remains described obave, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE				Truck wreck	pinning him i	n cab			hi.	t. 1700	9
21. I certify that I took chorge of the remains described obave, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE		Hour o, m.	. Whil	le Not while for	tory, street, office bldg., etc.	n, 20f. (City o	or town)	(Co	unty)		(State)
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EXAMINER'S NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER TO October 10, 1959 220. BURIAL (REMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 10/13/59 Rose Hill Cemetery Hagerstown Wash Co Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE			medici S	Relaxelec	M.D.						
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Burial 10/13/59 Rose Hill Cemetery Hagerstown Wash Co Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							Z UCTO		0,		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		REMOVAL (Specify)	, ,							(State	•)
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Andrew K. Coffman Hagerstown #d DATE OCT 14'59 Cultury S. Thank				1.		OCT 1 4					

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ADDRESS

may be retained TO FUNERAL DIR VS A1S (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

George Eichhorn

24g REC'D BY REGISTRAR Lonaconing. DATE Colleg 8 45.

24b. REGISTRAR'S SIGNATURE

0870

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

immediate

PERFORMED?

YES NO X

(Stote) Md.

(Stote)

davs

(County)

U. S. A.

YES NO

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1	1. PLACE OF DEATH		2. USUAL RESIDENCE (W			ce before admission)
	o. COUNTY Allegany	MARYLAND	w. Va.	b.	COUNTY	neral V
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limit		
	Cumberland	4 hrs.	Ridgeley	. W. Va.	85x-	3
	d. NAME OF HOSPITAL (If not in haspital, give street a OR INSTITUTION Sacred Heart Hospital	iddress)	d. street Address 2 Jones	S+		e. IS RESIDENCE ON A FARM? YES NO A
ı	3. NAME OF First	Middle	Last	4. DATE	Month	Day Year
ı	(Type or print) Englebert			OF DEATH	10/	17 1959
ł	5. SEX 6. COLOR OR RACE 7. MARRI		Maiers B. DATE OF BIRTH		20/	1 YEAR IF UNDER 24 HRS
ı	Male White WIDOWE		1-31-96	last b	irthday) Months	Days Hours Min.
ł	10a. USUAL OCCUPATION (Give kind of work done 10b. I					ZEN OF WHAT COUNTRY?
I	during most of working life, even if retired)			ALTERNATION OF THE PARTY OF THE	45,000	
1	Retired Yard Foreman	W. Md. Rwy.	Cumberla			U.S.A.
Ì			14. MOTHER'S MAIDEN			
	/ Adam Maiers			rine Zetz		
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	NFORMANT		Address Ric	lgeley, W.V
	Yes, W.W.# 1	Mr	s. Margaret	t H. Maie		ies St.,
	18. CAUSE OF DEATH [Enter only one couse per line	e far (a), (b), and (c).]	0	1/	1	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	stron-last	Et I.	lemond	wal -	ONSET AND DEATH
ı	578X DUE TO	1000	nu j		-	1000
1	Canditions, if ony, which)					0
ı	gave rise to immediate				- X-1	
1	cause (a), stating the <u>under-</u> lying cause lost.					
I	(0)	ONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	INIAI DISEASE CONDI	TION CIVEN IN BAR	T WALL AND ANTORCY
	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SNIKIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN PAR	PERFORMED? YES NO
1	20a. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II of ite	m 18.)	
1						
1			ACE OF INJURY (Home, for		((County) (State)
1	Hour a.m. While	Hull willie	ctory, street, office bldg., et	c.)		
1		<u> </u>	15 6	4 10 10	F4	
1	21. I certify that I ottended the decease	ed from	, 19_12, to_	mn-1).	102 ,that I lo	st sow the deceosed
1	olive on OCA 19	19, and that death	occurred at	_M, from the co	uses and on the	e date stoted obove.
1		1,1	0	ADDRESS (Street, city	or town, stote)	DATE SIGNED
۱	SIGNATURE (13. M John	ndle	M.D. 4-3 12	renelle	unbirlend	N4 10/18
١	1,(6)				0	1-17/11-1
1	PHYSICIAN'S Blaine M. Schi	ndler M.D.				/
-	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (Cit	y, town, or county)	(Stote)
	_REMOVAL (Specify)	Rest Lawn B		Cumberl		
1	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			Ab. REGISTRAR'S SIG	y Land
		erland. Md.		1 2 1 '59	alling 8 4	
- 1						

D FUNERAL DIMETOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. eath. Page 4 TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a the haspital ar attending physician.

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may be retaine TO FUNERAL DIF VS A15 (4) 15M 9/58

TO HOSPITAL OR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0907	CERTIFICATE OF DEATH	
The second second second		

Reg. Dist. No. 10872

		7						145	Keg.	. DIST. NO.		
1. PLACE OF DEATH o. COUNTY A1	legany		MARY	CLAND	2. USUAL RES	arylar	-	b. COU	. 1714	idence before		·)
Frostb	(If autside carporate limi nearest tawn) UPG	ts, write	c. LENGTH OF STAY		I .	town (If our		rate limits, wr	ite RURAL o	and give neare	est town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, o		address)		d. STREET	ADDRESS		Stree	t		IS RESID ON A F	ARM?
3. NAME OF DECEASED (Type or print)	GILES		Middle		MAURE	ost	4. DATE OF DEATH		Month 10	Doy 23	Ye	
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRI	-	8. DATE OF BIRT	тн		9. AGE (In yellost birthdo	eors IF UN	DER TYEAR II		
100. USUAL OCCUPATI during most of wor Machinis	ON (Give kind of work of king life, even if retired		kind of Business of legany B		STRY 11. BIRTHP	LACE (Stole o	or foreign co	ountry)		CITIZEN OF		OUNTRY
13. FATHER'S NAME	0	1257	regarry D	a.L.L.	14. MOTHER'S			5		0.5.	EL .	
Joseph M	laurey				Mar	ry Wir	nner					
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO		rs. Car	rmen I	Maure			rostb ennia		
420. Conditions, if a gove rise to couse (o), stating lying couse lost.	the <u>under-</u> DUE TO		orona	rf	4 De	les	ou	is		Sa	TANDS	len
2	HER SIGNIFICANT CON										PERFORA	NO D
O (IF EITHER, NOTIFY	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE). (Enter nature o	of injury in Po	ort I or Port	II of item 18.				
Y 20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Yea	While of work	NJURY OCCURRED Not while of work	20e. PL/ foo	ACE OF INJURY (tory, street, offic	(Home, form, te bldg., etc.)	20f. (City	or town)		(County)		(State)
21. I certify it alive on	woman de de la	decease 192 La	-4	death	occurred at	7000	M, fram		es and or	t I last saw in the date	stated	
200 BURIAL, CREMATIC REMOVAL (Specify Burial	10-26-5		St. Mich					ION (City, tov		ly)	(State)	/===
23. FUNERAL DIRECTOR Beulsh H. W.		er F		ome		240. REC'D				SIGNATURE		

The second second second second	CERTIFICATE OF DEATH		
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	All the second of the second o		
		E_11.100 S.2	
	The second was a submitted to the second of		
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- The board			
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			ATTEM STORY
	LINE GRAPHING		The Wall Danies &
	canada de S		The school of the
STEEL AND LESS AND LE	A THATTAGE A THIRD OR		
	A CENTRAL OF THE		
	A (4. 4)	100 A 100 A 100 B	er linde .ne little linde

CTOR: shauld 50 registrar page 0

ACTUAL

21. I certify that I attended the deceased fram

15

19 56, 100 ct 16 1957 that I last saw the deceased alive an Bc and that death accurred at 2:20PM, from the causes and an the date stated above. ADDRESS (Street, city or tawn,

SIGNATURE PHYSICIAN'S R. Rhett Rathbone M.D. NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF Burialz

Charles L. George

22c. NAME OF CEMETERY OR CREMATORY

Cumberland, Md.

22d. LOCATION (City, town, or county)

Cumberland. Maryland

Rose Hill Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 2 0 '59

DATE

Colling & Klass

(Stote)

VS A15 (4) 1SM 9/SB

TRACTICAL TO A CONTROL OF THE PARTY OF THE P triant 301 poor till million of translet frame. the property of the property o .A.M. onoddaud 13071 .W. Market which is the transfer that the second of the second M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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10875

1000	V			g. Dist, No.
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE MARYLAND	osed lived. If institution: 1 b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, wr	c. LENGTH OF STAY IN 16 3 DAYS	c. CITY OR TOWN (If outside co		
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION MEMORIAL HOSPITAL MEN	EAGLE IN THE RESERVE OF THE RESERVE	d. STREET ADDRESS 525 MARYLAND A	VE.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ELIZABE	Middle J.	MORRIS 4. DAY	TE Month	Day Year R 18 1950
	MARRIED NEVER MARRIED DOWED NOVED DIVORCED	8. DATE OF BIRTH 4/15/1882	9. AGE (In years IF L	UNDER 1 YEAR IF UNDER 24 Hours Mir
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUS Ownhome	St. Thoma		U.S.A.
HOUSEWIFE 13 FATHER'S NAME AMBROSE RICKER	0 1122220	14. MOTHER'S MAIDEN NAME MARGARET CON		
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war or dates of service)		MORIAL HOSPITAL,	CUMBERLAND,	MD.
18. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		& Kemar	hase	INTERVAL BETWEEN
Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse last. (b)	Merca	s clein		lenge
PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN I	N PART 1(o) 19. WAS AUTOP PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or	Port II of item 18.)	
Hour o.m.	Od. INJURY OCCURRED 20e. PL/ thile Not while for work of work	ACE OF INJURY (Home, farm, 20f. (ctory, street, affice bldg., etc.)	City or town)	(County) (Sto
20c. TIME OF INJURY Month, Doy, Year 20c. Hour o. m. 19 Wat 21. I certify that I attended the decalive an 10/8/59 , 1	thile Not while for work of work 10/15/59	ctory, street, office bldg., etc.)	, 19,tha	t I last saw the deceas
21. I certify that I attended the decalive an 10/8/59 , 1	reased fram10/15/59	accurred at 1:50 Am Mac	, 19,tha	t I last saw the deceas in the date stated abo
21. I certify that I attended the decalive an 10/8/59 , 1	thile Not while for work of work 10/15/59	accurred at 1:50 Am Mac	, 19,tha	t I last saw the deceas
21. I certify that I attended the decalive an 10/18/59 1 ACTUAL SIGNATURE Day 1d T. Re	reased fram10/15/59	accurred at 1:50 Am March M.D. OMERY AVE R CREMATORY 22d. LC	m the causes and as (Street, city or town, state) CATION (City, town, or coumber land,	t I last saw the decease in the date stated about the date stated

MARRIA TYAG 8 TERREBAL BASERIAL PERSONAL AVE. TOTAL MERCHAND AVE. VIN COUNTY LIE .OT .CIAIRE BOSPITAL, CO SERLALE, TO. A Supplied to the second of th eath. Page 4

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OR

VS A15 (4) 15M 9/5B 10876

10881

CERTIFICATE OF DEATH

Reg. Dist. No.

-	10001						
1	PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (V a. STATE Mar)	Where deceased live	ed. If institution: R b. COUNTY	Residence before	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Cumberland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corporate	limits, write RURA		
2	d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION Sacred Heart Ho		d. STREET ADDRESS	Piedmont	Avenue	0	IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) Michael	Middle	lost O INT - 177	4. DATE OF DEATH	Month	Day	Year 1950
5	SEX 6. COLOR OR RACE 7. MAR White WIDOV	RIED NEVER MARRIED	0'Neill B. DATE OF BIRTH 8/8,-1909	lo lo		INDER I YEAR I	F UNDER 24 HRS. Hours Min.
2	during mast of warking life, even if retired) B. FATHER'S NAME	LEWS Company	,	ryland	y)]	U.S.A	WHAT COUNTRY?
	Michael F. O, Nei 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		Margay NFORMANT Mrs. O. B. S.	net s	Jem Address GMeil	on du	mb M
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). 58 DUE TO Conditions, if any, which (b).	Thephose				INTER	EVAL BETWEEN T AND DEATH
CEPTIFICATION	gove rise to immediate cause (a), stating the under-lying cause last.	CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT SCRIBE HOW INJURY OCCURRE	enhotes In	ellitmo			. WAS AUTOPSY PERFORMED? YES NO
MEDICALCES			ACE OF INJURY (Hame, fai ctary, street, affice bldg., e	rm, 20f. (City or t	awn)	(Caunty)	(Stote)
	21. I certify that attended the deceded olive on 19. ACTUAL SIGNATURE 19. PHYSICIAN'S LED H. L.		, 19.59, to occurred at \$9.00 M.D. 957			n the dote	the deceosed stoted obove. DATE SIGNED
	Removal (Specify) 10/23/59	22c. NAME OF SEMETERY O	Cem.	22d. LOCATION	(City, town, ar co	2)	(State)
23	Sous Lein Inc	. Cumb . V.	YX	oct 2 9 159		R'S SIGNATURE	

R ALTON LINE

The court of the state of the s

O DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The state of the s DATE OF THE PERSON OF THE Part of the Court TERROR TO THE WORLD CO. TO LANCE OF STREET SERVICES. A NEW TENED OF THE PROPERTY OF THE SOURCE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR

VS A1S (4) 1SM 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10883

CERTIFICATE OF DEATH

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T	U	8	4	0

		-	-	0	w
Reg. D	ist.	No.			

1.	PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ALLEGANY
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) CUMBERLAND 8 DAYS	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) CUMBERLAND
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS 1721 FREDERICK STREET 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\text{X} \)
3.		PARSENIOS 4. DATE Month Day Year OF DEATH OCTOBER 17 1959
	MALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH SEPT . 24, 1900 9. AGE (In years last birthday) SEPT . 24, 1900 9. AGE (In years last birthday) Manths Days Haurs Min.
10	lo. USUAL OCCUPATION (Give kind of wark dane of the lower during most of working life, even if refired) RET IRED RESULTANT OF BUSINESS OR INDUS RETURN OF BUSINESS OR INDUS RETUR	GREECE U.S.A.
1	STEVE PARSENIOS	ATHENA Drekarlis
	(es, he, or unknown) (If yes, give war or dates of service)	MARWICK & MEMORTAL AVENUE MEMORIAL HOSPITAL - CUMBERLAND, MD.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Une Carcinan Interval Between ONSEDAND DEATH J. MOUNT.
	Canditions, if any, which age rise to immediate (b) Car Censon	n Cury 3 months
7	cause (a), stating the <u>under-lying cause lost.</u> DUE TO (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED fac the p. m. 19 the p.	CCE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) tary, street, affice bldg., etc.)
	21. I certify that I affended the deceased from 10 1000 alive on 1000 1000 1000 1000 1000 1000 1000 1	accurred ot 2:30A, M, from the couses and on the date stated above.
	ACTUAL XOMIN T (ROSS ma)	A.D. Ter Men Green, city ar town, state) DATE SIGNED A.D. 1904s
	PHYSICIAN'S DR. REES	Clembulant, m
22	BEMOVAL (Specify) 10/19/59 Zion Mer	CREMATORY 22d. LOCATION (City, town, or county) (State)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 21 '59 Only & France.

STANDED MADRICULE LOCAL CHARTEN CUMBERLANDS 1721 of 6000 to 1 1721 of 6000 EMORIAL MORRIANE THE RESOURCE MENT POLICE AND A SECOND STATE OF THE PROPERTY OF No. 1830 1830 TAKENA EMINOREN A HOMBRUM HORBERTA EN PER OFFICE AVENUE TON CHERTAGE TO THE MORE ALL MORE AND THE PROPERTY OF Marie I and the State of the state of 2.38 .33

eath. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ATH

0884	CERTIFICATE OF	DE

10879

	IIIX									Keg. D	ST. NO.		
1. PLACE OF DEATH					USUAL RESIDE				nstitutio UNTY	n: Resider	ice befor	re admis	sion)
ALLI	EGANY		MARYLAI	ND OF	MAI	RYLA	ND	В. СС	UNIT	AL	LEGA	NY	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi earest tawn)	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TO	WN (If o	outside corpo	orate limits, v	write RU	JRAL ond	give nea	rest tow	n)
CUMBI	ERLAND		143 DAYS	0		MBER	LAND						
d. NAME OF HOSPIT OR INSTITUTION	ALE MOR TAPIEL P	105'F1'	address)		d. STREET AD	DRESS						e. IS RE	SIDENCE A FARM?
MEMORIA	L & WARWICK	AVES	5.,		3	OI_G	RAND_	VENUE	100			YES [LYON [
3. NAME OF DECEASED	Fir		Middle		Last		4. DATE OF		Mont	h	Day	у	Year
(Type or print)	GL	ADYS	М		PITZE	R	DEATH		OCT			7	19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	□ B. D	ATE OF BIRTH			9. AGE (In last birth		Months	1 YEAR Days	IF UND	ER 24 HRS.
FEMALE	WHITE	WIDOWE	DIVORCED		APRIL	8]	1909	50	yrs.	Monins	Days	Hours	Min.
10o. USUAL OCCUPATIO	ON (Give kind of work a	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLAC	CE (Stote	or fareign o	country)		12.CIT			COUNTRY
Health	76.7	P	ublic Heal	.th	Cum	berl	land,	Md.			U.S	5.A.	
13. FATHER'S NAME				1-	. MOTHER'S N	AIDEN N	NAME				4-4		
GE	ORGE APPLE				AGN	ES L	IGHT						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT				Addre	955	17		
no	in yes, give wor or outes or a		15-20-5977	M	EMORIAL	HOS	PITAL	, CUMB	ERL	AND,	MD.		
18. CAUSE OF DEA	TH [Enter anly one co	use per lin	ne for (o), (b), and (c).]			1	- 1						ETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, 6	arrin	18	was	8	Zi	6.			ONS	ELANE	DEATH
171×	DUE TO	0	``		0			/	100		0	1.1	1
Conditions, if a	ny, which)	Co	aremor	wo	24 6	e	2002	X			40	ng	10
gave rise to i					X			1			1/	/	
lying cause lost.	(c)			U						0		
Z PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	RELATED TO T	HETERM	INAL DISEAS	E CONDITIC	N GIVE	EN IN PAR	T 1(a) 1	9. WAS	AUTOPSY ORMED?
CATI												YES _	
PART II. OTH	S UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCU	JRRED. (E	nter noture of i	njury in	Part I or Po	rt II of item	IB.)			1-11-	
	MEDICAL EXAMINER)												
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yes		NJURY OCCURRED 20	e. PLACE	OF INJURY (He	me, form	n, 20f. (Cit	y ar town)		(County)		(State)
Hour o.m.	19	While at worl	Not while	ractory	street, office b	olag., etc	:.)						
21 Leartifu th	at I attended the	doceas	ad from O. C. A	-	1036	in a	ect	7 1	031	9.11		. Abo .	deceased
alive ant	1/->	10 -	and that de	ath ac	curred at E	R	AA from	the cause	/				
anve une Est	1/1/	7	, und mai de	cum ac	corred di			treet, city or			e dule	DA	TE SIGNED
ACTUAL	KOKI	21/	ill'								10	1/9	150
1 × A	-0-0	1		M.D.							-1	1-9-1-	
PHYSICIAN'S NAME (Type)	S.E. ENF	/E/LD									-		
220. BURIAL, CREMATIO	N, 22b. DATE THEREC	F	22c. NAME OF CEMETE	RY OR CR	EMATORY		22d. LOCA	TION (City,	town, o	r county)		(Sto	te)
Burla I	10-10-1	959			metery			erlar					
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	Tech	-	4a. REC'	D BY REGIS	TRAR 24b	. REGIS	TRAR'S_SI	GNATUR	RE	
Tames F	Scarrel	li.C	umberland.	Md		OC	T 1 3 '5	9	Tivil	July &	Thank	à l	

may be retained the haspital ar attending physician.

• FUNERAL DIR. (TOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be fited with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs af page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. may be retained TO FUNERAL DIRE TO HOSPITAL OF VS A15 (4) 15M 9/5B

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	and an	UKISWI	oyan re.		
	AJMEYA KU	10g 10g			Jatosco
		MICTIA .		010.00	
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	and the	M. Calan		31684 36	5020
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V.	1/	10.00	1
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10880

10908	OEK(III 10)	TIE OI DEATI		Reg. Dist. No.	
PLACE OF DEATH a. COUNTY	MARYLAND	a. STATE	ere deceased lived. If institution b. COUNTY	7	dmission)
b. CITY OR TOWN (If outside corporate limits, write c. I	ENGTH OF STAY IN 16	Maryland	utside carporate limits, write R	Legany	townl
RURAL ond give nearest town)	ENGIN OF SIAT IN 18	1 -	- / - 11	T 1	i lownj
d. NAME OF HOSPITAL (If not in haspital, give street address	ecc)	A Frostbu		1	S RESIDENCE
OR INSTITUTION Miners Hospital		d. STREET APPLESEM	ore		ON A FARM?
NAME OF First	Middle	Last	4. DATE Mon	th Day	Year
(Type or print) SAMUEL	B 1	PLUMMER	OF DEATH 10/22	/1959	19
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF	
Male White WIDOWED	DIVORCED [7/12/1915	Le Le yrs.	Months Days H	ours Min.
o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole		12. CITIZEN OF V	VHAT COUNT
Automobile Machanie		Gilmore		U.S.A.	
. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	, 000000	
Charles Plummer		Jane Bro	านทา		
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCI		NFORMANT	Adde	ess	
Yes War # 2	-09-6462 M	re Margaret	t Plummer, G	ilmore,	MD
1B. CAUSE OF DEATH [Enter only one cause per line for		. D. Margare	(WIFE)		AL BETWEEN
PART I. DEATH WAS CAUSED BY:	(or (or one (cr.)	000	(WILL)	ONSEY	AND DEATH
IMMEDIATE CAUSE (a)	cinemi	a que	uer	T	11003
/5 6. / DUE TO		4			
Conditions, if any, which (b)		/			
cause (o), stoting the under-				99-15-17	
lying couse lost. (c)	PRINCIPLE TO DELTH OUT	1107 051 1750 50 515 551		Tea .	
PART II. OTHER SIGNIFICANT CONDITIONS <u>CONT</u>	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV		MAS AUTOPSY PERFORMED? S ☐ NO ☑
OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Part II of item 18.)		
Hour a.m. 10 While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		(County)	(Stote
	0-1	19	10-27 50	-	
21. I certify that I attended the deceased f		, 10	P, 22, 1937	,that I last saw	the deceas
alive on 18-21, 1934	, and that death		_M, from the causes a		
ACTUAL SIGNATURE	lel	M.D. 39 W.	DORESS (Street, city or town,	state)	DATE SIGN
PHYSICIAN'S ACDIONI	M.D.	From	Abring,	ml	73
Burial, CREMATION, 22b. DATE THEREOF 22c 16/25/1959	NAME OF CEMETERY O		22d. LOCATION (City, lown, of Lonaconing		(State)
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE	
GEORGE ETCHHORN TON	TACONTRIC MI	0.0	The second secon	inus & Krough	

moy be retained TO FUNERAL DIR VS A1S (4) 1SM 10/S7

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VS. A15ME 5M 2/57

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No.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10881

Reg. Dist. No

	COUNTY	Allegany	MARYLAND	o. STATE Ma.:	Where deceased liv rvland		Residence before odmis Allegany	sion)
Ь. С	ITY OR TOWN (II	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate		L and give nearest low	n)
	and give nearest town	stburg	2 yrs.	20	ostburg			5 16
d. h		AL OR INSTITUTION (If not in		d. STREET ADDRESS	obcourg		e. IS RE	SIDENCE
	72	Armstrong S	treet	72 Ar	mstrong	Street	YES T	NO A
	ME OF CEASED	First	Middle	Lost	4. DATE	Month	Doy Ye	101
	pe or print)	John	Henry	Ramus	DEATH	Oct.	12th, 19	59
5. SEX		6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	DATE OF BIRTH	9. At	GE (In years IF UI	NDER TYEAR IF UNDE	The same of the sa
1	fale	White WIDO	WED DIVORCED	Feb.8th,18	81	78 yrs. Mon	ths Days Hours	Min.
₹0a. U	SUAL OCCUPATION	ON (Give kind of work done 10	b. KIND OF BUSINESS OR INDUST			1) 12	. CITIZEN OF WHAT C	OUNTRY?
Re	tCarı	enter	3&ORR	West Vi	rginia	1000	U.S.A.	
13. FA	THER'S NAME			14. MOTHER'S MAIDEN	NAME		0.00.00	
1	unl	known		unki	nown			
		ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. M	FORMANT	3-8-1	Address		
[701, NO	. es unknown)	(If yes, give war or dates of zervice)	none Mr	s.Clara Ra	mils 72	Armstro	ng St Fil	ha Ma
18	CAUSE OF DEA	TH [Enter only one couse per l		D.O.La.La Ita	nuo g/c	AT MO OF C		
		TH WAS CAUSED BY:	(VAS ROOM	. (A)	ero	, ,	INTERVAL BETWEE	1/0-
	11001	IMMEDIATE CAUSE (o)	woman	y so	eu z	us	Suu	1en
	420.1	DUE TO		/				
	onditions, if o	diote cause (
	o), stoting the	and the second s						
		(c)	CONTRIBUTING TO DEATH BUT N	OT PELATED TO THE TERM	INIAI DISEASE CON	UDITION CIVEN IN	L BARY WAS A	UTORCY
6	TAKI II, OII			TO THE TERM	MACOISCASE CO.	NOTITION OFFER IN	PERFOR	WEDS
2 20	G. EXTERNAL CAL	ISE WAS 205 DESC	RIBE HOW INJURY OCCURRED. (E	ates action of interesting the	A 1 8 A 11 - 5 241		YES 🔲	NO NO
9 C	AUSE OF DEATH.	NTRIBUTING []	KIBE HOW BROKE OCCORRED. (C	mer norms or mighty in Par	i i or rem il or me	m 16.)		
MEDICAL	Hour e. m. p. m.	W	d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, forn ory, street, office bldg., etc.	n. 20f. (City or to	wn)	(County)	(State)
_			e remains described abo	ve held an Autons	y , Inspe	ction De La		1:
		resulted fram: Natura		_		-		in my
10	pinion deam	resorted fram: Nature	al causes Accident	, Suicide [Hamicide [],	Undetermin	ed manner	
	CTUAL	Intime	Lune.	CHIEF MEDICAL E	CAALINED C		DATE SI	GNED
SI	GNATURE	000111	Cor	_M.D. ASSISTANT MEDICA		1	1	
	XAMINER'S IAME (Type)	W. O. McLane	Os Os	DEPUTY MEDICAL	>7	og	131957	9
	URIAL, CREMATIC	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION	(City, town, or cou	nty) (State)	
	Burial	10-15-59		al Park	Frost	burg.	Md	
23. FU	NERAL DIRECTOR	S SIGNATURE	ADDRESS		D BY REGISTRAR	246. REGISTRAR	S SIGNATURE	
	KERKE	6 K. Duss	* Troothum	a Mid DATE OC	T 1 5 '59	arthun	S. Kraus	

06

MARYLAND	STATE DEPARTM	ENT OF HEALTI	H—BALTIMO H		1 () (882
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W			dence before adn	nission)
Allegany	MARYLAND	o. STATE Marvl		COUNTY	llegany	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		s, write RURAL o	nd give nearest to	own)
Frostburg	14 days	22 Frost	hure			
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS			e. IS F	RESIDENCE
Miner's Hospital	- 7-5 - 5	20 Sto	yer Stre	et		□ NOV
3. NAME OF First DECEASED	Middle	last	4. DATE	Month	Day	Year
(Type or print) William	Л.	Rankin	DEATH OCT	ober	31st,	1959
	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE		DER TYEAR IF UN	-
Male White WIDOWE	D DIVORCED	July 28th,	1885 7	Month	ns Days Hou	rs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I		STRY 11. BIRTHPLACE (Stote		12.6	CITIZEN OF WHA	TCOUNTRY
RetPoliceman Ke	11y Springf:	ield Mary	land		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	7		
Alexander Rankin		Kathern	McCready			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yes, no, or unknown) 1. (If yes, give wor or doles of service)	SOCIAL SECURITY NO.	NFORMANT		Address		
	4-07-0776 N	Irs. Ada Ra	nkin 20 s	Stover	S+ D1	he Ma
18. CAUSE OF DEATH [Enter only one couse per lin		11 04 11 00 110	un in gev i	, mover	INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY:		w Ceilure			ONSET AT	ND DEATH
434 4 DUE TO	/	y failure				
Conditions if any which	manie 1	ant dice	are		8	ers.
gove rise to immediate				1.752	1	
lying couse lost.	mary all	worders	is + Puls	wordy.	unply	seen
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTO G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN I		AS AUTOPSY
Shatie ins	ufficiency	, Prostati	hyper	tropping		FORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port or Port II of ite	m (B.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
S 20c. TIME OF INJURY Month, Doy, Year 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (City or town)		(County)	(Stote
20c. TIME OF INJURY Month, Doy, Year 20d. IN While of work	1401 WILLIE	ctory, street, office bldg., etc	:-)			
21. I certify that I attended the decease		t 10 56 3	125 Oct			
alive an Jo	7_ , and that death					ed abav
ACTUAL (16-100 1- K	Valte.		ADDRESS (Street, city	or town, store)		ATE STONE
SIGNATURE	ans	M.D. 48 E	roadway			
PHYSICIAN'S		ee Tomore	de la como es	W.a		
NAME (Type) Alvin Walters	7		thurg,	Md.	***********	**-**
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d. LOCATION (Cit		(S	itote)
Burial 11-2-59	F'bg.Memori		Frost		Mo	1.
23. FUNERAL DIRECTOR'S SIGNATURE Joseph R. Durst. Fro	ADDRESS			24b. REGISTRAR'S	SIGNATURE	
a aschit it. nater.	ostburg, Md.	DATE N)V 2 '59	arthur	0 40 .	

MIASO TO A CHURCH Television of the contract of Joseph H. Dwret, handings, 14.

FOR STATE HEALTH DEPT. or. Poge TO DEPUTY MED AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is new try, please execute the certificate, writing the word "pending" in pencil is flem, 18. Give Pages 1, 2, and 3 to the funeral of corr. Page 4 should be It and to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained in your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, an its designated agent, prior to burial, cremation, ar removal, and is any event within 72 hours after death.

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VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10883

	Reg. Dist. Na.
I. PLACE OF DEATH 1085	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY LE COS N I MARYLAND	2. STATE AVILLAND 6. COUNTY 110 CON 11
b. CITY OR TOWN (14 outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN If gutside carporate limits, write RURAL and give nearest town)
Cum Devland	X La Vale Md.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Sacrey Itear Hospital	1931 National Highway YES ONO
3. NAME OF DECEASED (Type or print) Telia T	Ritter DEATH Of 13 1959
	DATE OF BIRTH 9. AGE (In yours IF UNDER LYEAR IF UNDER 24 HRS.
Female W WIDOWED DIVORCED	an, 22, 1907 Be yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewite -	Hagerstown, Md. V.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Morgan Shriver	Mary Laatelhauser
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If 1991, np. or unknown) (If yes, give wor or doles of service)	NFORMANT Address
7/0 214-05-5114 K	enneth S. Ritter havale, Ind.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac fa	ilure; Pulmonary Congestion 10 Hrs.
274× DUE TO	
Conditions, if ony, which) (b) Addisons Diseas	e Years
gove rise to immediate couse	18618
(c), stoting the underlying cause lost.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
CATIC	PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH.	inter nature of injury in Part I or Parl II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Hame, farm, 120f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI facts of work of work of work	ory, street, office bldg., efc.)
21. I certify that I took charge of the remains described abo	ve, held on Autopsy XI, Inspection KI, Inquiry XI, and in my
opinion deoth resulted from: Notural causes 47, Accident [
0 11.00	
SIGNATURE Bluediet Sketarelie	_M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) Benedict Skitarelic, M.D.	DEPUTY MEDICAL EXAMINER Oct 13, 1959
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lawn, or county) (State)
Burial Oct. 16, 1959 Restigun	Cemetery Comberland Ind
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Sous stein, Inc. Counterland,	Md. DATEOCT 15'59 arthur 8. Kings

ADDRESS

Maryland

Cumberland

24b. REGISTRAR'S SIGNATURE

Orthur & Flores

24g. REC'D BY REGISTRAR

VS A15 (4) 1SM 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

Ruth E. Silcox

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2. USUAL RESIDENCE (When o. STATE MARYLAND	e deceosed lived. If instituti b. COUNTY	on: Residence be	
b c. CITY OR TOWN (If aut	side carporote limits, write R	URAL and give n	earest town)
02 CUMBER	LAND		
d. STREET ADDRESS 698 FAYE	TTE ST.		e. IS RESIDENCE ON A FARM? YES NO
SHIRES	OF DEATH OCT		19 59
B. DATE OF BIRTH MARCH 29, 195	9. AGE (In years last birthday)	Manths Days	AR IF UNDER 24 HRS. Hours Min.
DUSTRY 11. BIRTHPLACE (Slote or CUMBERLAND	foreign country) , MARYLAND		U. S. A.
14. MOTHER'S MAIDEN NA ADELE	WAITKUNAS		
INFORMANT	Add	ress	1000
MEMORIAL HOSP	ITAL (UMBERLA	ND, MD.
	testavi to l		
			19. WAS AUTOPSY PERFORMED? YES NO
BUT NOT RELATED TO THE TERMIN	al disease condition giv		PERFORMED?
BUT NOT RELATED TO THETERMIN. BRED. (Enter noture of injury in Po	AL DISEASE CONDITION GIV		PERFORMED? YES NO
RRED. (Enter noture of injury in Po PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) 1959, to 0 The accurred at 2:32	at Disease CONDITION GIV rt I or Port II of item 18.) 20f. (City or town)	(Count	YES NO (Stote)

DATE OCT

Cirthun S. Frank

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Allegany o. STATE Maryland b. COUNTY Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cumber land Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 548 Greene St. 548 Greene St. YES NO NAME OF DATE Middle Year DECEASED OP AMELTA SMITH Oct. 14. 1059 VELERIA (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months Female 16, 1893 White 66 WIDOWED DIVORCED T Jan. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Cumberland, Md. U.S. Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harmon G. Lehman Flora Baer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO Beltsville, Maryland George E. Smith None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSTON IMMEDIATE CAUSE (a) SUDDEN 4.20.1 DUE TO CORONARY SCLEROSIS Conditions, if any, which] gave rise to immediate couse DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? V NO M 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a. m. While Not while at work at work p. m. Inspection X, Inquiry X, and find that 21. I certify that I took charge of the remains described above, held an Autopsy ... death resulted from: Notural couses X, Accident , Suicide , Homicide , Undetermined couse . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC. M.D. DEPUTY MEDICAL EXAMINER 1959 NAME (Type) OCTOBER 14. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 10-17-1959 HillCrest Cem. Cumberland. Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Trace Charles L. George Cumberland, Md. DATE OCT 1 9 '59

VS. A15ME(5) 5M 9/55



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	Committee the	CALL VICTORY LA	
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. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	ined by the haspital or attending physician.	DI FOR: After this certificate has been signed by the attending physician and campletely filled	and detached for use as the burial-transit permit. Then please removeraston papers. Pages 1

		MARYL		mentioned the	MENT OF HEALTH			Dist. No.	0887
1. 9	PLACE OF DEATH	legany	- 1	MARYLAND	2. USUAL RESIDENCE TWO	Tand	I. If institution Res	idence before Legan	odmission)
T	B. CITY OR TOWN (If outside corporate limit	ls, write	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF Frostb		mits, write RURAL o	ond give neare	st town)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g ners Hosp	ive street ital	address)	d. STREET ADDRESS				IS RESIDENCE ON A FARM? YES NO K
3.	NAME OF DECEASED (Type or print)	William		Henry	Spiker	D.C.	ctober	25 ^{Doy}	Year 19 59
5. S	sex Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	October 1,	1880 9. 40	Hon years IF UN Mon		UNDER 24 HRS. Hours Min.
10o	during more dwell	ON (Give kind of work of the life work of the life was if retired)	done 10b.	KIND OF BUSINESS OR IN	Lonacon		ryland		WHAT COUNTRY
13.	FATHER'S NAME	Joseph Sp	iker		14. MOTHER'S MAIDEN I	ce Moor	е		
	WAS DECEASED EVI	ER IN U. S. ARMED FOR If yes, our yor or dates of se	CES? 16.	SOCIAL SECURITY NO. 17	Everett Spi	ker	Address Lonacon	ing, 1	/d.
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne, for (0), (b), and (c).]	al thr	o un 6	0111	INTER	AL BETWEEN
	Conditions, if c gove rise to cause (a), stating lying couse lost.	the under-	, <u>C</u>	+ Lerio	sclero.	l'il		J	ears
CERTIFICATION	PART/II. OT 20a. ACCIDENT W. OR CONTRIBUTING	HER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH	DITIONS (citth	UT NOT RELATED TO THE TERM O 1 1 S RED. (Enter nature of injury in				WAS AUTOPSY PERFORMED? 'ES NO A
MEDICAL C	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yeo	20d. If While of wor	Not while	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	n, 20f. (City or to	wn)	(County)	(Stote)
	alive an	hat/Lattended the	deceas , 12	ed from Aparthat dec	th occurred at 3		causes and city or town, state)		the decease stated above DATE SIGNE
220	BURIAL, CREMATIC	ON. 225. DATE THEREO	59	25 hame of CEMETERY Laurel H	or Crematory	22d. LOCATION MOSC	(City, town, or cou	Md.	(Stole)
_	FUNERAL DIRECTOR			Lonaconing	7/1 24a. REC	D BY REGISTRAR CT 2 8 '59	24b. REGISTRAR	S SIGNATURE	

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y, pleose r. Poge our files. of Health, 情 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the certificate, writing the ward "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be in preded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for 10 FUNERAL DYXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. 060

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10889 Reg. Dist. No

	10000				
1. PLACE OF DEATH a. COUNTY	Allegany		- STATE	Where deceased lived. If institution b. COUNTY	
b. CITY OR TOWN (If autside carporate limits, write RURAL	c. LENGTH OF STAY IN 16	1	outside corporale limits, write RUI	Allegany
Cumber 1:	n	45 dys.	02 Cumber		and give neeres town,
	TAL OR INSTITUTION (If not in hos		#. STREET ADDRESS	24.44	e. IS RESIDENCE
Sacred I	Heart Hosp.		566 Pat	terson Ave	YES NO
3. NAME OF DECEASED (Type or print)	DAVID	MANN	STEELE	4. DATE Month OF DEATH OCt.	9. 1959
5. SEX	6. COLOR OR RACE 7. MARRI				UNDER TYEAR IF UNDER 24 HRS.
Male	White WIDOWE				onths Days Hours Min.
during most of worki	ON (Give kind of work dane 10b.) ng life, even if retired) role officer M				U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
Willia	am Steele		Agnes	Thomson	
15. WAS DECEASED EN	/ER IN U. S. ARMED FORCES? 16.		FORMANT	AddressC U	mberland, Md.
[Yes, no of anknown]	21	4-16-2141 Mr	s. Mary A.	Steele 566 P	atterson Ave.
	ATH (Enter only one cause per line ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (a), (b), and (c).] Pulmonary	embolism	massive	INTERVAL BETWEEN ONSET AND DEATH Sudden
903.5	DUE TO	z azmonaz j	omp of I om,	MUDITO	- Daddon
Conditions, if		Fracture	of left him		45 Days
gave rise to imme (a), stoling the	diole couse				
cause lost.	(c)				
PART II. OT	HER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	None				YES NO
PART II. OT	USE WAS 20b. DESCRIB	e HOW INJURY OCCURRED. (E		flor Part II of item 18.)	
20c. TIME OF INJU		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	20f. (City or lown)	(County) (State)
4:30 B. m.	Aug. 25, 1959 While	ork A ot work St	creet, office bldg., etc.	Cumberland,	Allegany Md.
21. I certify t	hat I taak charge af the	remains described aba	ve, held an Autaps	y X, Inspection X, I	nquiry X, and in my
apinian death	resulted from: Natural	causes . Accident 5	. Suicide ., 1	Hamicide . Undetermi	ined manner
	1	00-			
ACTUAL SIGNATURE	Denedict x	1 Ketaralia	_M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
EXAMINER'S NAME (Type)	Benedict Skita	relic M.D.	ASSISTANT MEDICAL I		Oct. 9, 1959
220. BURIAL, CREMATIC REMOVAL (Specify Buriak	ON, 226. DATE THEREOF 10/12/1959	22c. NAME OF CEMETERY OR Oak Hill Ce		Lonaconing,	
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS		D BY REGISTRAR 24b. REGISTRA	R'S SIGNATURE
Charles	L. George Cu	umberland, Md,	DATEO	T 1 3 '59 arthu	1 Li Keaus
23. FUNERAL DIRECTOR	R'S SIGNATURE			D BY REGISTRAR 246. REGISTRA	R'S SIGNATURE

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	CAR ALEMAN ON THE CO. R. C. L.		
	The second control of		
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remayal, and in any event within 72 hours

eath. Page 4

TENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs a

the haspital ar attending physician.

OR: After this certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please remove cert

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10912

CERTIFICATE OF DEATH

10891

					Reg. Dist. No.
. PLACE OF DEATH			2. USUAL RESIDENCE (WH	nere deceased lived. If institution	n: Residence before admission)
0. 0001111	Allegany	MARYLAND	4.0	rland b. COUNTY	Allegany
b. CITY OR TOWN RURAL and give	(If outside corporate limits, we	rite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	outside corporate limits, write RU	
-	thure	5 days	Route 1.	Mt. Savage	
d. NAME OF HOSP	PITAL (If not in haspital, give st	reet address)	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION Miner	's Hospital				YES NO
NAME OF DECEASED	First	Middle	last	4. DATE Month	n Day Year
(Type or print)	Jose	enh C.	Taccino	DEATH October	26th, 19 59
SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	The second control of the control of	OOWED DIVORCED	Aug. 23rd, 1		Months Days Hours Min.
. USUAL OCCUPAT	TION (Give kind of work done	10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
during most af wa	f Employed	Restaurant	Italy		USA
FATHER'S NAME	r mmbroked	nestaurant	14. MOTHER'S MAIDEN N	VAME	ODA
Mich	ael Taccino		Marie Si	colf	
	VER IN U. S. ARMED FORCES?		INFORMANT	Addre	35 D === 0
es, no, or unknown)	(If yes, give wor or dates of service)		na Fildeshadi		Box 2
	1	216-30-3672 M	rs.Ellzabet	1 Taccino, Rt.	
	EATH [Enter only one couse p	er line for (o), (b), and (c).]	a. 1		INTERVAL BETWEEN
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Heite Coron.	any Oceler	2101	- 3 minute
260	X DUE TO	- 1 1 1			
Canditions, if	ony, which) (b)	Edwareed Co	ronary Let	erozio.	2 1100 2 -
gove rise to	immediate (DUE TO	D 2 -1	-		
lying couse lost	g me under-	Weakeles hie	Elettra		severely
PART II. O	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY
	Huser	tensing Hea	A Duse	ase	PERFORMED?
20a. ACCIDENT W	VAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II af item 18.)	
OR CONTRIBUTION	G CAUSE OF DEATH				
20c. TIME OF INJU		0d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (State
Haur a.m.	. N	/hile _ Not while _ fa	ictory, street, office bldg., etc		(Coomy) (Sion
p. m.	. 19 01	work ot work		1 ,	
21. I certify	that I attended the dec	eased from June	, 19.5 G to	10/26, 1959	hat I last saw the decease
alive an	10/26	1957 and that death	accurred at 9:10A	M. from the causes and	an the date stated abov
	n' DE	5601		ADDRESS (Street, city or town, s	
ACTUAL	the Andrews	2016 15	48	Broadway	
SIGNATURE	THE HELL LAND	No ceres out	.M.D		
PHYSICIAN'S NAME (Type)	Martin M. R	othstein	II Fro	stburg,	Md
BURIAL, CREMATI		22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or	
REMOVAL (Specif Burial	(y)		's Cemetery		
					7
FUNERAL DIRECTO		ADDRESS			TRAR'S SIGNATURE
Joseph 1	R. Durst,	Frostburg,	MC . DATEOC	1 2 9 '59 Circh	wy S. Thous

TO FUNERAL DISC.
page 3 shauld be d TO HOSPITAL VS A15 (4) 1SM 9/S8

ing truetty the state of the same of the s Emales out 2-11 CONTRACT CONTRACTOR STORY MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ON A FARM?

YES TO NO IX

Year

PERFORMED? NOA

(State)

1959

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1000

James F. Scarpelli, Cumberland, Md.

10893

3 CERTIFICATE OF DEATH	
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		100	22.2							Keg. D	IST. NO	•	
	PLACE OF DEATH					2. USUAL RESIDE	NCE (Whe	ere decease	d lived. If instituti	on: Reside	nce befo	re admiss	ion)
ALLEGANY						o. STATE	ARYLA	ND	b. COUNTY	ALLE	GAN	7	
	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
CUMBERLAND 2 DAYS						02 CUMBERLAND							
d. NAME OF HOSPITAL (If not in hospital, give street oddress) MEMORIAN HOSPITAL MEMORIAL & WARWICK AVES						d. STREET AD	DRESS		naman				DENCE FARM? NO M
3.	NAME OF	Fir		Midd	la	Lost	22 M.	CE ST	Mon	41.			/ear
	DECEASED (Type or print)				ie		TMC	OF DEATH			1 O	,	
5.	SEX	6. COLOR OR RACE	ANN II	E L. IED □ NEVER MARI	BIED [WATK B. DATE OF BIRTH	ТИР		9. AGE (In years		18	IF UNDE	959 R 24 HRS.
			WIDOWE				10	00	last birthdoy)	Months	Days	Hours	Min.
100	FEMALE OCCUPATION	N (Give kind of work		- 00		APRIL 5	18		yrs.	12 (17	IZENI OI	F WHAT C	OUNITRYS
, 00	during most of work	ing life, even if retired) .	_					oomry)				CUNIKIP
12	FATHER'S NAME	me Housev	viie-	-Own Hom	e	WEST	1 000000	INIA		U	S.I	A.	
13.						14. MOTHER'S A							
		RSON H. MIL					AH MC	DONA					
15. (Ye	s, no, or unknown)	IN U. S. ARMED FOR If yes, give war or dates of s	CES? 16. ervice)	SOCIAL SECURITY N		NFORMANT			Add				
	no			none	I I	MEMORIAL I	HOSPI	TAL	CUMBER	LAND,	MAI	RYLAN	D
	12.000	TH [Enter only one co	use per lir	ne for (o), (b), and (c	:).]	/	0		100		INT	ERVAL BE	DEATH
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coven	ery	Throme	were's	c 8	referret	マン	3	da	40
	420.1	DUE TO			0	,	11						1
	Conditions, if or	y, which) (b	1	Iseyou	and	etes o	He	1 fres	louses	-		3-4	a
	gove rise to in couse (o), stoting t	nmediote (0				,					
	lying couse lost.	(c)	STATE A									
N	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	VAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1		
ATI												YES T	RMED?
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY	OCCURRED	D. (Enter noture of	injury in P	ort I or Por	t II of item 1B.)				
CER	OR CONTRIBUTING	CAUSE OF DEATH											
	20c. TIME OF INJURY	Month, Doy, Yes	or 20d. IN	JURY OCCURRED	20e. PLA	ACE OF INJURY (He	ome, form,	20f. (Cib	or town)		(County)	-	(Stote)
MEDICAL	Hour o.m.	19	While of world	Not while	foc	tory, street, office b	oldg., etc.						
2	p. m.			77		14		1 0	111 ~	104			
		at I attended the							18, 1957,				
	alive an	1,10	, 19	and tho	it death	accurred at 3		M, fram	the causes an	d an th	e date	stated	abave.
	ACTUAL C	emply.	1	mit	-	52/ /			treet, city or town,	0	,	10	E SIGNED
	SIGNATURE				/	M.D. 236 2	a.Le	36c	endred-d	-	پهدو(19/5
	PHYSICIAN'S NAME (Type)	OR. CLAY DU	RRETT	2	36	Va a	r (eim	buland	Me	1		
220	BURIAL, CREMATION	N, 22b. DATE THEREC)F	22c. NAME OF CE	METERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(State	e)
	Burial	10-22-5	59	Hiller	est :	Burial	Park	Cı	umberla	nd.	Md.		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGIS				RE	

uneral directar, be filed with eath. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

the hospital ar attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by may be retained the haspital ar attending physician.

TO FUNERAL DIC, OR: After this certificate has been signed by the attending physician and campage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papes the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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TO HOSPITAL OR VS A15 (4) 15M 9/5B

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1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Resi O. STATE D. COUNTY B. COUNTY B. COUNTY	dence before admission)
Allegany Maryland Alle	gany
b. CITY OR TOWN (If outside corporate limits, write RURAL or RURAL on give necrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL or	nd give nearest town)
Cumberland ho years Cumberland	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 949 Maryland Avenue 949 Maryland Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Lost 4. DATE Month OF DECEASED (Type or print) Charles Amos Whitacre DEATH October 7	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNI	DER 1 YEAR IF UNDER 24 HRS
Male White widowed Divorced Dec 2, 1901 57 yrs.	Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNT
Body and repairman Antonobiles West Winginia	U.S.A.
13. FATHER'S NAME	
Jacob W. Whitacre Emily Seaton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 949 Maddy I an	d Ave.
No 236-03-4353 Mrs. Amanda Whitacre Cumberland.	Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY: MMMEDIATE CAUSE (o) Congestive Heart Failure ### Cord Conditions. if any, which gove rise to immediate couse (o), stoting the under-lying couse lost. DUE TO	interval between onset and death o mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	
20c. TIME OF INJURY Month, Doy. Year Not while of work	(County) (Stole
21. I certify that I attended the deceased from August 13., 1959, to october 7, 1959, that alive an october 7., 1959, and that death occurred at 3:05 AM, from the causes and are ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE AMDRESS (Street, city or lown, stote)	I last saw the deceas to the date stated abord DATE SIGN 10-7-59
PHYSICIAN'S James P. Hallinan, M.D. Cumberland, Maryland	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or count	y) (Stote)
Burial 10/10/59 Sunset Memorial Park Cumberland Mary	land (Rural)

Maryland

DATE OCT 1 3 '59

OR: After this certificate has been signed by the attending physicion and completely filled in by detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 to burial, cremation, or removal, and in any event within 72 hours ofter death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO FUNERAL DIP page 3 should Get the registrar prior t TO HOSPITAL OR VS A15 (4) 1SM 9/S5

Ruth E. Silcox

Cumberland

death. Page 4

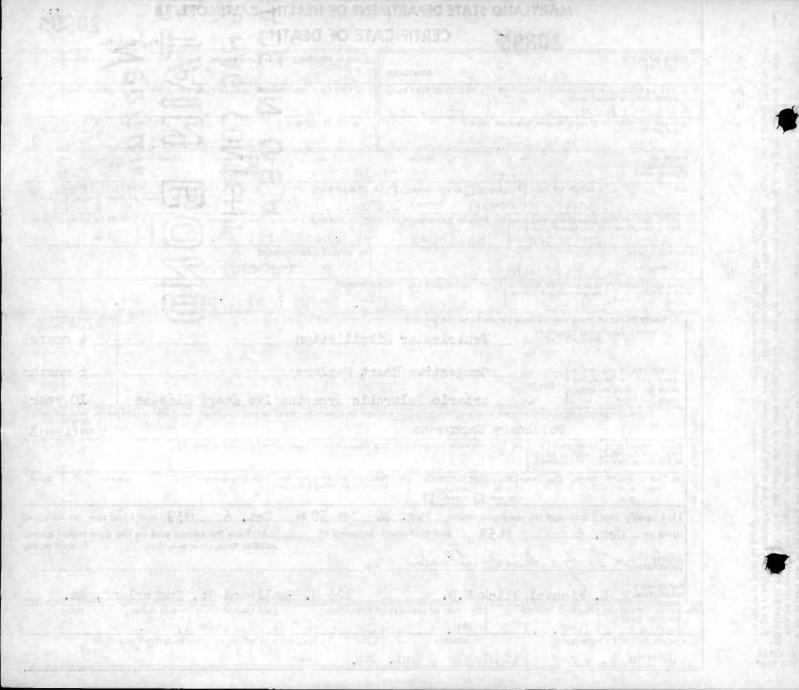
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Š	d yr	3	96	FRE
0	E	TO FUNERAL DIF 10R: After this certificate has been signed by the attending physician and campletely filled in by the Woneral directo	8	the
-	15	► A14	14	1
1	5N	110	1/5	7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10295 **CERTIFICATE OF DEATH**

	LUI	J.J.						Key. Dist	. 140.	
1. PLACE OF DEATH o. COUNTY	Alleg	, nar	MARYL		USUAL RESIDENCE (W. o. STATE		lived. If institution b. COUNTY	6		
	(If outside corporate limit		c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF		te limits, write R		egany	
RURAL ond give n			di vaca		(1)					
d. NAME OF HOSPI	TAL (If not in haspital, a	ive street	The second secon	as c	d. STREET ADDRESS	erlind			e. IS R	ESIDENCE
OR INSTITUTION					1	Mr 7			ON	A FARM?
3. NAME OF	Maryland A		Middle		728	Mary L.				
DECEASED (Type or print)		int		fiel	.d	OF DEATH	Mon OC		Doy 7	Year 1959
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8.0	ATE OF BIRTH	9	. AGE (In years last birthday)		YEAR IF UNI	
Male	White	WIDOW	ED DIVORCED	O No	v.2.1874		84 yrs.	Months D	Days Haurs	s Min.
IOa. USUAL OCCUPATI	ON (Give kind of work of	lone 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (SIO	e ar fareign cau	ntry)	12. CITIZ	ZEN OF WHA	AT COUNTRY
	rking life, even if retired) Conductor		Railroad		Frostbu	urg. Mo	d.	1	USA	
13. FATHER'S NAME	0011440002		2000	1	4. MOTHER'S MAIDEN					
JC	hn Wigfie	1d		100	Debora	ah Shr	vock			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO			Add	ress		
Yes, no, or unknown)	(If yes, give wor or dates of se	rvice)	none	Mrs	. Irvin	Lewis,	Eckhar	t, Md	•	
	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]						INTERVAL E	BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Ventricular	Fibr	rillation					hours
420.0										
Conditions, if	any, which) (b)		Congestive	Heart	Failure				6	months
gove rise to couse (a), stating	immediate (00.000							III.ZII.GII.
lying couse lost.			Arterio Scl	Leroti	c Hyperten	sive He	art Dis	ease	10) years
PART II. OT	HER SIGNIFICANT CON								1(a) 19. WAS	S AUTOPSY
PART II. OT	Pulmo	nary	Emphysema							FORMED?
200 ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter noture of injury in	Part 1 or Part I	l of item 18.)			
3 20c. TIME OF INJUI	RY Month, Day, Yea			20e. PLACE	OF INJURY (Hame, for , street, office bldg., et	m, 20f. (City o	r town)	(Co	ounty)	(Stote)
Hour o.m.	19	While at wor	Not while	rociory	, street, office blag., et	(C.)				
	hat I attended the	decens	ed from Alle	21,	10 59 to	Oat 6	1050	that I la	net conce the	a dassare
	ct. 6									
dive dilO	CUO	-, 12-3	17, and mar o	deam ac	corred di		et, city or town,			DATE SIGNE
ACTUAL SIGNATURE	. In ich	sel	Slede	M.D						DATE STORE
PHYSICIAN'S NAME (Type)	L. Michael	Glic	k M.D.		126 N. Sm	allwood	St. Cu	mberla	nd. Md	
	ON, 22b. DATE THEREO		22c. NAME OF CEMET	ERY OR CE			ON (City, town,			ote)
REMOVAL (Specify Burial	0ct.9.1	959	Mt. Oli	Ve C	emeterv		town,	A-762		
23. FUNERAL DIRECTOR		000	ADDRESS	<u>v L O</u>	24g. REC	D BY REGISTRA		TRAR'S SIGN	NATURE	
James I	F. Scarpel	li.	Cumberland	d. Mo	DATE	OCT 1 3 '5	9	intima S.	Thous	



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ofter death.

VS A15 (4) 15M 9/58

requires that the death certificate be executed within 24 haurs of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10896

CERTIFICATE OF DEATH

					Reg. Dist.	No.
1. PLACE OF DEATH 0. COUNTY ALLEGA	NY	MARYLAND	2. USUAL RESIDENCE a. STATE MARY!	(Where deceased lived. If i	MINITY	befare admission) EGANY
b. CITY OR TOWN (If autside RURAL and give nearest for CUMBERLAND	corporate limits, write vn)	c. LENGTH OF STAY IN 16		(If autside carporate limits, ERLAND	write RURAL and giv	e nearest fawn)
d. NAME OF HOSPITAL (IF NO OR INSTITUTION MEMORIAL HO		ddress)	d. STREET ADDRESS	S FAYETTE STREE	Т	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MAM1E	Middle E. W	I LHE LM Lost	4. DATE OF DEATH	OCTOBER	Dol 5 19 5
	TE 7. MARRI WIDOWEI	ED NEVER MARRIED .	B. DATE OF BIRTH FEBRUARY 2	28, 1892 9. AGE (In last birth	1	YEAR IF UNDER 24 HR ays Hours Min.
10a. USUAL OCCUPATION (Give during mast af warking life, Housewife	even if retired)	WN home	PENNSY			S.A.
13. FATHER'S NAME ELTI SLIGER			BELLE Ha			14
15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, give No.)	S. ARMED FORCES? 16. S war or dates of service)		MORIAL HOSP		LAND, MAR	
18. CAUSE OF DEATH [En	CAUSED BY:	e far (a), (b), and (c).]	mind -tes	novem de	lone !	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, whi gave rise to immedic cause (a), stating the undilying cause last.	te (DUE TO					
E Cauli	Duongen	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	rminal disease condition	ON GIVEN IN PART 1	19. WAS AUTOPS' PERFORMED? YES NO Z
20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Port I ar Part II of item	18.)	
20c. TIME OF INJURY Man Haur a. m. p. m.	h, Day, Year 20d. IN While at wark	Nat while fa	ACE OF INJURY (Hame, tary, street, affice bldg.,	farm, 20f. (City ar tawn)	(Cou	unty) (State
21. I certify that I a alive an 14 0	tended the decease		accurred at 2:56	AM, fram the caus PODRESS (Street, city or	es and an the d	saw the decease date stated above DATE SIGNE
PHYSICIAN'S DR.	C. BRINSFIE	:40	Com bus	had med.		10/16/59
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 10	DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY Letery	22d. LOCATION (City, Nr. Cent)	town, or county)	(State) Penna.
23. FUNERAL DIRECTOR'S SIGNA Charles L.		ADDRESS aberland, Md	24a. R	OT 4 a IEO	REGISTRAR'S SIGN	

		NULL 31	MOL
AMY STITUTE	MARYLA D		WINDBUJA
	BRAJH28KID	aylig 11	ONALHIBATIO
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may be retained TO FUNERAL DIF page 3 should

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10012 CEPTIEICATE OF DEATH

	103	19	CERTI	107	IL OI DEF	****			Reg. D	Dist. No.		
1. PLACE OF DEATH g. COUNTY	llegany		MARYL	AND		ry	Land	b. COUNTY	All	egan	У	
b. CITY OR TOWN (I	If autside carporate limits earest tawn)	, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	I (If a	utside carpo	rote limits, write	RURAL and	give near	est town)
Frostbu	rg		Lifetime		Frostbu	rg	2:	2				
	(If not in hospital, gi	re street o	oddress)		d. STREET ADDRE	SS	1					FARM?
Miners 3	Hospital		44, 54		100 Eas	T I						NO
DECEASED (Type or print)	Charles		Middle G •	,	Wilson		4. DATE OF DEATH	Octob		22 22		Year 19 59
5. SEX	6. COLOR OR RACE	7. MARRI	EDE NEVER MARRIE	D B.	DATE OF BIRTH		1	9. AGE (In years	IF UNDE	RIYEAR	IF UNDE	R 24 HRS.
M	W	WIDOWE	DIVORCED		12-23-18	73	1 42	9. AGE (In years lost birthday)	Manths	Days	Hours	Min.
00. USUAL OCCUPATIO	ON (Give kind of work d	ne 10b. I	CIND OF BUSINESS OF				or fareign c			ITIZEN OF	WHAT	COUNTRY
Carpent	king life, even if refired)		etired		Shaft					.S.A		
3. FATHER'S NAME	<u> </u>		001100		14. MOTHER'S MAIL	0					•	
Jacob W	11000				Elizab			lan				
	R IN U. S. ARMED FORCE	500 114	OCIAL ASSURITATION	Tan man	ORMANT	6 01	I DOG		1866	- 1-7-		সূত্র হা
	Ill yes, give wor or dates of ser	vice)	OCIAL SECURITY NO.						dress H'T			, TATO
No	None	21	6-10-680]	LMr	s. Evely	n l	. W:	lson, l	00 E	.Mai	n,	- 50
18. CAUSE OF DEA	ATH [Enter anly one cau	se per lin	e for (o), (b), and (c).]								RVAL BE	
PART I. DEA	TH WAS CAUSED BY:		C	nale	-al 1	lan.	0.			ONSI	TAND	DEATH
422					Lac L	V	Z DAA				30.	-
Conditions, if a	au which I		SILVE J	Con	ania an	to.	0	C. O		+	1.4	
gave rise to i	mmediate (<u> </u>	4		unr	oces	11.	-	3	
lying cause last.	the under-		astrias	50 20	t C		110	1.00000				
	HER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEA	THE BLIT A	OT BELATED TO THE	EDAMA	IAL DICEAS	E CONDITION C		T 11 120	WAS	ALITOREY.
PART II. OTH	IER SIGIAII CAIAI COIAD	// // // // // // // // // // // // //	ONTRIBUTING TO BEA	IN BOI IN	OF RELATED TO THE	EKMIP	AVE DISEVS	E CONDITION GI	VEN IN PA	KI 1(0) 17	PERFO	RMED?
	ronary	SS	levosis	:	cheral	4		rterios	clero	pia	YES 🗌	NO B
OR CONTRIBUTING	AS UNDERLYING () () () () () () () () () () () () ()	06. DESC	RIBE HOW INJURY OC	CURRED.	(Ehter nature af injur	y in P	årt i ar Par	t II af item 18.)				
20c. TIME OF INJUR	Y Manth, Day, Year	20d. IN	JURY OCCURRED :	20e. PLAC	E OF INJURY (Home, ry, street, affice bldg.	form,	20f. (City	or tawn)		(County)		(Stote)
p. m.	19	at wark										
21 I certify th	at 1 attended the	decense	d fram deb.	17	1059 10	(0	e of	22,195	9 45 -4 1	lant	at.	
alive an O	The Total	10	1 11		, 1722-1-, 10	10		, 199	f-,mar i	last sa	w the	decease
dive di	7	, IX_=	=-f-, and that	death o	ccurred at 9	- 23	_M, fran	n the causes	and an	the date		
ACTUAL SIGNATURE	frank T.	He	tores	М.	. 26 W.	h	e ch	dreet, city or town,	state)		6	O/2-3
PHYSICIAN'S NAME (Type)	RANK T.	H+	RRAT		aro	5	bus	Ma	ryla	nd.		
Za. BURIAL, CREMATIO	N, 22b. DATE THEREOF		22c. NAME OF CEME	TERY OR	REMATORY	I	22d. LOCA	NON (City, tawn,	ar county)		(State	2)
Burial	10-25-5	9	Johnson'	S C	emeterv		Rt.#	14	ostb		Md	
3. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			DEC.D	BY REGIST		ISTRAR'S S			
3 01 7/	Haf	rF	uneral Ho	ome			T O O II		-Thur !	0 10		

E. 3.		WITE STEEL S	TATE CHIA	DASHOT .	
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10897	CERTIFICA	IL OI DLAII		Reg. Dist. N	lo.
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO STATE MARYLAND	ere deceased lived. If in b. CO		
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) CUMBERLAND, MARYALAND	c. LENGTH OF STAY IN 16		utside corporate limits, v	vrite RURAL and give	nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give MEMO)	RYAL &	d. STREET ADDRESS 24 NORTH	WOODLAWN		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CARRIE	Middle R•	WIMER	4. DATE OF DEATH	october	74 Yeor 59
5. SEX 6. COLOR OR RACE WHITE WIDOWEI		JANUARY 4,	1882 9. AGE (In last 17)		AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind af wark dane during mast of warking life, even if retired) HOUSEWORK	WIND OF BUSINESS OR INDUST	7 (200) 10 (200)	cO., W. VA.	12. CITIZEN	U. S. A.
13. FATHER'S NAME Hamilton Shobe		14. MOTHER'S MAIDEN N	MARY JANE		18.3
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war ar dates of service)		FORMANT MEMORIAL HOSF	PITAL CUMBE	Address RLAND, MAR	MLAND
PART I. DEATH Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate cause (a), stating the under-	4 , 7	tombaria - g	gangnenon	1 10	STERVAL BETWEEN NSET AND DEATH TO REAL TO REAL
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT H RIBE HOW INJURY OCCURRED	NOT RELATED TO THE TERMI			19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. IN Haur o. m. 19 While of work	Not while fact	CE OF INJURY (Home, form ary, street, office bldg., etc.		(Coun	(State
21. I certify that I attended the decease alive on Oct 18 , 19	and that death	occurred at 6:40	M, Prom the cause ADDRESS (Street, city or	manyla	
BUTTA (Specify) 22b. DATE THEREOF 10/17/59	22c. NAME OF CEMETERY OR Harper Ceme		22d. LOCATION (City, Nr. Harm	on, W. Va	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George Cum	berland, Md.		D BY REGISTRAR 24b	REGISTRAR'S SIGNA	

DATE OCT 1 9 '59

the hospital or attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, the control of the control o Jeath. Page 4 after death crematian, ar remayal, and in any event within 72 brons may be retaine the haspital or attending physician.

TO FUNERAL DIFFECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. the registrar prior ta burial,

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

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TO HOSPITAL OR VS A15 (4) 15M 9/58

TORSE CERTIFICATE OF DEATH

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	DIANKA . I			MUAYRIN, MARYALA	12
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	Marie Marie				
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	TO ESTATE OF	71225	THE POR SOM		1283

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	1089	8 CERTIFICA	ALE OF DEATH		Reg. Dist. N	lo.
	PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE WEST VIRO	ere deceased lived. If institution b. COUNTY	n: Residence be	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15		utside corporate limits, write RL	JRAL and give	nearest town)
	CUMBERLAND	2 DAYS	RIDGELEY	,	85	X-3
	d. NAME OF HOSPITAL (LE 1911 in hospital, pive stee) OR INSTITUTION MEMORIAL AVES WARWICK & MEMORIAL AVES	TAL	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO [4]
3.	NAME OF First	Middle	Last	4. DATE Mont	th	Day Year
	(Type or print) DUETT	A G	WINTERSTINE	DEATH OCTOBI	ER	22 19 59
5.	THE REAL PROPERTY OF THE PARTY	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		AR IF UNDER 24 HRS.
	FEMALE WHITE WIDOWE		AUGUST 20,	1902 lost birthdoy) 57 yrs.	Months Day:	s Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	during most of working life, even if refired) HOUSEWIFE - Sales	y Clothing	Store Keys	ser.W.Va.	USA	
_	FATHER'S NAME		14. MOTHER'S MAIDEN N			
	THEODORE COMBS		Margaret	Combs		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	Addre	ess	
1.	s, no, or unknown) (If yes, give war or dates of service)	T4_05_6T58M	EMORIAL HOSPIS	TAL. CUMBERLANI	D MARY	LAND
	18. CAUSE OF DEATH [Enter only one couse per lin		ENOBTAL HOST	AL COMBENERIN	11	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	On to Como	was Oral	14	0	NSET AND DEATH
	IMMEDIATE CAUSE (o)	Charle Cares	may cech	maun .		I NON.
	Conditions, if ony, which) (b)	Chance Men	en lit			
	gove rise to immediate	Stronce 144	euchit.			Lucis
	couse (o), stating the <u>under-</u> DUE TO lying couse last.	0				
z	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VALDISEASE CONDITION GIVE	EN IN PART 1/a	19 WAS AUTOPSY
CERTIFICATION	The state of the s	SITING TO BEATT	THE TEXAS	THE DISEASE CONTINUE OF THE	ETT ITT TAKE TO	PERFORMED? YES NO TO
	20a. ACCIDENT WAS UNDERLYING [20b. DESC OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Port II of item 1B.)		
CAL		fa	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		(Count	(Stote)
MEDI	Hour o. m. While at ward	I 401 WIIIE	ciory, sireci, office blog., etc.			
	21. I certify that I ottended the decease	ed from Jan.	, 19 51 , ta(9ch 1957	that I lost s	aw the deceosed
	olive on 9th 22 , 19	1750mile		M, from the causes one		
	0/0//	01	1	ADDRESS (Street, city or town,	stote)	DATE SIGNED
	SIGNATURE SUMMERLEULLU	they be	40 135 VINO	MIS HILL		10/25/3
	SIGNATURE	-	M.D.			1
	PHYSICIAN'S NAME (Type) DR. G. OVERTON	HIMMELWRIGHT	Cumberla	nd, Maryland		
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, o	er county)	(Stote)
	Burial IO-25-59		Memorial Par			1

24a. REC'D BY REGISTRAR

DATE CT 2 7 '59

Cumberland, Md.

7 -1

24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR moy be retoined TO FUNERAL DIR VS A15 (4) 15M 9/58

23. EUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli Cumberland, Maryland

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	AN ENGLY	The Martin Linear	nest saedi 2. ferkind 12		Talmi.

should be cremotion,	1. PLACE OF DEATH a. COUNTY	MARYLAND MEDIC 1089
Poge 4.		outside corporate limits, write RURAL
		or institution (if not in
the funeral direction of the registrar prior (3. NAME OF DECEASED (Type or print)	First SARAH
for for	5. SEX	6. COLOR OR RACE 7. MAR
th the	FEMALE	WHITE WIDOV
₩ Q X	100. USUAL OCCUPATIO	N (Give kind of work done 10t

STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 AL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

_			000							فتعطيل المتفالات			
	PLACE OF DEATH a. COUNTY	Allegany	033	MARYI	LAND	2. USUAL RES	DENCE (W	Vhere decease	d lived. If Institu				ission)
	. CITY OR TOWN	If outside corporate limits, writ	e RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR	TOWN (If	outside corp	orote limits, write		-		wn)
	Cumb	erland		16 hrs		X		RSLIE					
-			If not in hosp	pitat, give street address)	d. STREET A		HOMIN					ESIDENCE
	Mem	orial Hos	pital			/							A FARM?
	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF	Month		Day	Y	Year
	(Type or print)	SARAH		ANN	1	WOLFE		DEATH	Oct.	5		1	959
5. :	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. 0	DATE OF BIRTH			9. AGE (In years lost birthday)				ER 24 HRS.
	FEMALE	WHITE	WIDOWED	DIVORCED [OCT. 8	. 186	8	QO yrs.	Months [Days	Haun	Min.
10c	USUAL OCCUPATE	ON (Give kind of working life, even if retired)	done 10b. K	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPL	CE (State	or foreign co			S.A		COUNTRY
_	FATHER'S NAME					14. MOTHER'S			1, 171				
13.	LVILLEK 2 LIVAME	HENRY H	ADTCE										
15	WAS DECEASED EN	VER IN U. S. ARMED FO		COCIAL CECURITY NO	117 1019	ORMANT	zapet	th Finl					
(Ye	i, no. or unknown)	(If yes, give war or dates of	service)					1 97 4 1	Address	DI AND	5.07		
_				ne	ME	MORIAL	HOSP	IIAL,	COMBE	RLAND			
		ATH [Enter only one country WAS CAUSED BY:	use per line f									VAL BETWI	
	PARI I. DEA	IMMEDIATE CAUSE (o		ACUTE CA	KDI.	AC FAI	LUKE	5				16 r	nrs.
	420.1	DUE TO											
	Conditions, if			CHRONIC	MYO	CARDIT	12					***	+
	gave rise to imme (o), stoting the												
	cause lost.) (c		CORONARY	SC	LEROSI	SWI	TH CA	LCHPIC	ATION		MAR I	KED.
ON	PART II. OT	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19		AUTOPSY DRMED?
ST	I	NTERTROCH.	ANTER	IC FRACTU	RE	OF LEF	T HI	(P			Y	ES A	NO 🗌
CERTIFICATION	20g. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH	USE WAS	b. DESCRIBE	HOW INJURY OCCUR	RED. (Ent	er noture of In	ury in Port	I or Port II o	of item 18.)				
	CAUSE OF DEATH		FE	LL AT SMI	TH'	S NURS	ING	HOME,	HYNDM	AN, P	A.		
MEDICAL	20c. TIME OF INJU	JRY Month, Day, Ye	or 20d. II	NJURY OCCURRED 20	e. PLACE	OF INJURY (lome, form	20f. (City	or town)	(Cour	nty)	-	(Stale)
WED	(9 :30 m.	Oct . 4 19	59 of wor	rk at work		y, street, office			in's Che	oice.	Bac	3. 1	Pa.
				emains described									
], Accident [],							-		THIS THIS
		1	. /	1 1		,	anner de		001011111100		17		
	ACTUAL /	Sandy 9	116	Tarelia	,	CHIEF M	EDICAL EX	AMINER				DATE S	SIGNED
	SIGNATURE	enaleuci	XIN	saselle		M.D.		AL EXAMINER					
	EXAMINER'S NAME (Type)	Benedict	Skite	relic, M.	D.			EXAMINER 5	_	. 5,	195	59	
220	BURIAL CREMATION REMOVAL (Specify	ON. 22b. DATE THEREC)F	22c. NAME OF CEMETE	RY OR C	REMATORY			ION (City, town, o	4.4		(Stot	•)
	Buriol	October	8 10	O Mt Smith	Car	netery		Bedfc	rd, Pa. R	D#2			
23.	FUNERAL DIRECTO	R'S SIGNATURE	11-11			100019	240. REC'I	D BY REGISTR	tar 24b. REGIS	TRAR'S SIG	NATUR	E	
1	Jawell 1	V+ reeg	Kar	Hyndman, Pa.			DATECT	8 '59	Quil	uc 8 4	-		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		100	nn	CERTIFIC	AIE OF	DEAIL			Reg. D	ist. No			
1.	ALLEGANY			MARYLAND	2. USUAL RES		here deceased	lived. If institution b. COUNTY			re admiss	ion)	
	CUMBERCAN			c. LENGTH OF STAY IN 16	c. CITY OR		outside corporc	te limits, write R	URAL ond	give ne	arest town	1)	
	MEMORITAEN HOSPITAL, WARWICK AVES.					/ d. STREET ADDRESS 48 BROADWAY					e. IS RESIDENCE ON A FARM? YES NO		
	NAME OF DECEASED (Type or print)	BABY	BOY	Middle	YAT		4. DATE OF DEATH	OCTO		Do	,	Year 1959	
5. 5	MALE	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED 🛣	B. DATE OF BIRT	н 11,	1959	O. AGE (In years lost birthdoy) yrs.	Months Months	R 1 YEAR Days	Hours	Min 58	
10a	. USUAL OCCUPATION during mast of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND		ACE (State		intry)	12.CI	TIZENO	F WHAT C	OUNTRY	
13.	FATHER'S NAME ELLI	S R. YATES			14. MOTHER'S		A. ARI	NOLD					
		R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	INFORMANT MEMORIAL	HOSPI	TAL, CU	Add JMBERLAN).			
	18. CAUSE OF DEATH [Enter only one cause per line fos (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PEVILODE PERMATURE RESPIANO											TWEEN	
	762.5 Conditions, if o gove rise to i cause (o), stoting lying couse lost.	mmediate the under-	140	Cardiac Po	ailure					1 2	shr	s 58	
CERTIFICATION) (c	-	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a)	PERFC	AUTOPSY ORMED?	
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 1B.)												
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 Ot work of work												
	21. I certify the alive an	R. L. B. RA	18	ed from 11 Oct	, 19.5° h accurred at M.O. 63	_/		he causes an et, city or town,	d an th		stated		
20		N, 22b. DATE THEREC)F	22c. NAME OF CEMETERY		k		ON (City, town, o			(Stot	(e)	
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS tburg, Maryla		240. REC	D BY REGISTR	AR 24b. REGIS		IGNATU		- 7	

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		L. C. R. Webbe	